

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26816

State File No. _____

FILED SEP 4 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2818 Frederick Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not (Specify whether
 In this community 40 years
 years, months or days)

3. (a) PRINT
FULL NAMEWilliam Albrecht

3. (b) If veteran,

name war. No

3. (c) Social Security

No. None

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lena Bloom Albrecht 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased November 5 1979
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 17 hr. min.

9. Birthplace Quincy Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired11. Industry or business Western Tablet & Stationary Co.

12. Name F. William Albrecht
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Doris Schultz
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Lena B. Albrecht(b) Address 2818 Frederick Ave., St. Joseph, Mo.

17. (a) Mausoleum (b) Date thereof 8/24/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery18. (a) Signature of funeral director Walter Meierhoffer(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) 8-45 (b) Wm. J. Baker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2818 Frederick Avenue
 (If rural, give location)
 (e) Citizen of foreign country? Not (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd.
 year 1945 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 8-22-40 to 8-22-45
 that I last saw him alive on 8-21-45
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis
 Due to Coronary Arteriosclerosis
 Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature Wm. J. Baker (M. D. or other)
 Address 1302 Faraon St., St. Joseph, Mo. Date signed 8/22/45

1397 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 9 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.