S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31637

FILED NOV 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9230

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 006
(c) City or town St. Louis 16 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4141 Hartford St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Albrecht

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kate Albrecht 6. (c) Age of husband or wife if alive 97 years

7. Birth date of deceased Mar. (Month) 17 (Day) 1852 (Year)

8. AGE: Years 93 Months 7 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Millwright

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 7 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant H. J. Albrecht
(b) Address 2029 Bland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 25 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1945 hour 2 minute 00-P M.

21. I hereby certify that I attended the deceased from Oct 13, 1945, to Oct 24, 1945 that I last saw him alive on Oct 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Coma	5 days
Cardio-vas-Renal disease	10 yrs.
Due to Infirmities of Age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature E. H. Lindemann (M. D. or other) M D
Address 4126 Shreve Ave Date signed 10/25/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Fundman 12-3-0
4/26 9 Shreve

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 R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.