

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

442

FILED FEB 16 1948

Primary Registration District No. 3010

Registrar's No. 43

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Cap
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. SEMO Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 12 days
(Specify whether
In this community. 1 year
years, months or days)

3. (a) PRINT FULL NAME John William Albrecht

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

4. Sex M C 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife Pauline E. Bohnhardt 6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased Dec. 21, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 13 hr. min.

9. Birthplace Illmo Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Julian Albrecht 9
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Anna Marie Eifert
15. Birthplace Scott County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Albrecht
(b) Address Cape Girardeau Mo
17. (a) Burial (b) Date thereof 2/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Illmo Lutheran Cemetery

18. (a) Signature of funeral director M. J. Leberg
(b) Address Cape Girardeau Mo

19. (a) 2-7-48 (b) C. C. Burman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girard 16
(c) City or town Cape Girardeau, Mo. 1
(If outside city or town limits, write "RURAL") 4
(d) Street No. 916 Linden 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1948 hour 3:35 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 20,
1948 to Feb. 3, 1948;
that I last saw him alive on Feb. 3, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Embolism 30 min.

Due to Phlebotrombosis - 10 hrs.
Right Leg.

Due to Circulatory Failure 3 wks.
Secondary to

Other conditions Coronary Occlusion 4 wks.
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations Thrombosis - Right Femoral Vein

Of autopsy 94K

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? 0

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

23. Signature Charles F. Wilson (M. D. or other) MD

Address 727 Broadway Date signed 2-5-48

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 10 1949

RECEIVED

Health Officer No. 4
File Number 248-173
Date Filed 2-11-48

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.....

Licensed Embalmer No. 3810

P. O. Address..... Cape Girardeau, Mo.

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.