

S. No. 300  
v. 10 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10952

FILED MAR 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 689

1. PLACE OF DEATH a. COUNTY SAINT LOUIS:		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. LOUIS:	
b. CITY OR TOWN MAPLEWOOD		c. CITY OR TOWN MAPLEWOOD 4524	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAPLEWOOD NURSING HOME		d. STREET ADDRESS 2200 BREDELL AVE.	

3. NAME OF DECEASED (Type or Print)	a. (First) NELLIE	b. (Middle) ALBRECHT	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year)
				March 15, 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 5 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 DAY Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CINCINNATI, OHIO /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME LOUIS ALBRECHT	13b. MOTHER'S MAIDEN NAME SARAH MESSINGER	14. NAME OF HUSBAND OR WIFE LOTON THOMAS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. - - -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester L. Thomas; 8739 Washington Blvd.,
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <del>MI</del>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1945 to 3/15/51, 1951, that I last saw the deceased alive on 3/15, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE Thomas C. Pondrell M.D. (Degree or title)	23b. ADDRESS 4660 Merz Lane	23c. DATE SIGNED 3/17/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 19/51	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.
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DATE REC'D BY LOCAL REG. 3-17-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.
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Herbert A. Daniels, M.D. (Licensed Embalmer's Statement on Reverse Side)

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

4004

March 10

Get  
9 to 10  
P.M.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Melvin L. Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. 405-2

P. O. Address St. Louis, 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.