

STANDARD CERTIFICATE OF DEATH

State File No. **17627**
Registrar's No. **12**

FILED JUN 14 1952

BIRTH NO.		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon		0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Institute				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) Gr. M. Blandina		a. (First)		b. (Middle)		c. (Last) Albrecht	
4. DATE OF DEATH JUNE 11, 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Nov. 30, 1869		9. AGE (in years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Severing		11. BIRTHPLACE (State or foreign country) Thienger, Baden	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Albrecht		13b. MOTHER'S MAIDEN NAME Geno. Schwarz		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME St. Mary Alicia, L.F.B. O'Fallon, Mo		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis, Unemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4221 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from May 15 , 1952, to June 11 , 1952, that I last saw the deceased alive on June 10 , 1952, and that death occurred at 10 A m., from the causes and on the date stated above.							
23a. SIGNATURE George R. Desaki MD (Degree or title)				23b. ADDRESS O'Fallon, Mo		23c. DATE SIGNED 6-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 13, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Conv. Cemetery		24d. LOCATION (City, town, or county) (State) O'Fallon Missouri	
DATE REC'D BY LOCAL REG. June 12-52		REGISTRAR'S SIGNATURE P.A. Keithly		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. DAHMEYER & SONS - ST. CHARLES, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

0920
5

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Herbert C. Hallmeyer

Licensed Embalmer No. *4546*

P. O. Address *St. Charles, 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.