

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39786

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2538

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bellefontaine Neighbors</b>		c. LENGTH OF STAY (in this place) <b>3 mos.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bellefontaine Neighbors</b>		420
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>945 Marias Drive</b>			d. STREET ADDRESS (If rural, give location) <b>945 Marias Drive</b>		
3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)	
<b>ALBRECHT</b>	---	---	<b>VOGT</b>	<b>Oct. 31, 1954.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 24, 1874.</b>	9. AGE (In years last birthday)	80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Tuckpointer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-18-7276</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bette Beal - 945 Marias Drive</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive heart failure</b>					<b>8 days</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)	<b>4341</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <b>Aug 17, 1954</b> to <b>Oct 30, 1954</b> , that I last saw the deceased alive on <b>Oct. 30, 1954</b> , and that death occurred at <b>12:00 Noon</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Russell Glaser</b>		(Degree or title)	23b. ADDRESS <b>P.O. # 4032 W. Florissant Ave</b>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	24b. DATE <b>11/3/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>11/2/54 Hecker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>	ADDRESS <b>4828 Natural Bridge Blvd.</b>			

(Licensed Embalmer - Statement on Reverse Side)

**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 John A. Miller

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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

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