

FILED JUN 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 19165

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 1309

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|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) Bellefontaine | | c. LENGTH OF STAY (in this place) 70 yrs. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ████████ Olive Street Road | | e. STREET ADDRESS (If rural, give location) Olive Street Road | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | b. (Middle) Samuel | |
| c. (Last) Albrecht | | 4. DATE OF DEATH (Month) (Day) (Year) May 26-1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH July 30-1879 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co. Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Samuel Albrecht | |
| 13b. MOTHER'S MAIDEN NAME Mary Hill Albrecht | | 14. NAME OF HUSBAND OR WIFE Lydia Sellenrick | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Carl H. Albrecht, Chesterfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION | |
| ANTECEDENT CAUSES a. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CARDIOMYAS - CULAR DISEASE | | INTERVAL BETWEEN ONSET AND DEATH 18 MOS | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARDIAC DECOMPENSATION | | 18 MOS. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | |
| 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) | |
| 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 JAN. 2 , 1955, to MAY 9 , 1956, that I last saw the deceased alive on MAY 9 , 1956, and that death occurred at 2 P. m., from the causes and on the date stated above. | |
| 23a. SIGNATURE James E. Meyer | | 23b. ADDRESS Mo Ballwin, Mo | |
| 23c. DATE SIGNED MAY 28 1956 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE May 29-1956 | | 24c. NAME OF CEMETERY OR CREMATORY St. John | |
| 24d. LOCATION (City, town, or county) (State) Bellefontaine, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. | |
| DATE REC'D BY LOCAL REG. 5-29-56 | | REGISTRAR'S SIGNATURE Hubert B. Dombard | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *450*

P. O. Address *Baltimore*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.