

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25483**  
Registrar's No. **1060**

FILED AUG 6 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY? \_\_\_\_\_

b. CITY OR TOWN **Richmond Heights** c. LENGTH OF STAY (in this place) **6 weeks**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Hospital** STREET ADDRESS **4131 Farlin Avenue** (If rural, give location) **2109**

3. NAME OF DECEASED a. (First) **Lillie** b. (Middle) \_\_\_\_\_ c. (Last) **Albrecht** 4. DATE OF DEATH (Month) (Day) (Year) **July 21, 1956**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **May 6, 1878** 9. AGE (in years last birthday) **78** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Homemaker** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Patrick Burke** 13b. MOTHER'S MAIDEN NAME **Mary Sullivan** 14. NAME OF HUSBAND OR WIFE **Louis Albrecht (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME **Miss Catherine Albrecht** ADDRESS **4131 Farlin Ave**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral thrombosis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **cerebral arteriosclerosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Fracture neck of left femur**

19a. DATE OF OPERATION **June 12, 1956** 19b. MAJOR FINDINGS OF OPERATION **Fractured neck of left femur** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **June 10 1956** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Apparently fell down**

22. I hereby certify that I attended the deceased from **Feb 14, 1953**, to **July 21, 1956**, that I last saw the deceased alive on **July 20, 1956**, and that death occurred at **1:25 pm.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **James S. Jerny Jr MD** 23b. ADDRESS **35th Central, Clayton 5 Mo** 23c. DATE SIGNED **July 21, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **July 24, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **7-23-56** REGISTRAR'S SIGNATURE **Herbert B. Romke MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **MATH HERMANN & SON, INC., 2161 E. FAIR AVE**

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.....

Licensed Embalmer No. 3737

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