

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047446

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. *162*

Primary Registration District No. *5594*

Registrar's No. *160*

FILED JAN 14 1963

VS 300
Rev. 4/59

1 0500
2 40062

3

4 *0*

5 *2*

6

7 *0*

8 *2*

9 *141.9*

10

11

12 *86-0*

13 *2-0*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Meramec		c. CITY OR TOWN University City Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary		d. STREET ADDRESS (If outside, give location) 7071 Forsyth Blvd. Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First HENRY Middle J. Last ALBRECHT		4. DATE OF DEATH Month December Day 31 Year 1962	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7/24/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain Executive		10b. KIND OF BUSINESS OR INDUSTRY Grain & Flour	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Victor Albrecht		13b. MOTHER'S MAIDEN NAME Philomena Bulte	14. NAME OF HUSBAND OR WIFE Orvalla Carle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 494-09-2200	17. INFORMANT Brother Conrad, St. Joseph's Hill Infirmary
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Tongue (diagnosed April 1961) DUE TO (c) Eureka, Mo. INTERVAL BETWEEN ONSET AND DEATH 2 DAYS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9.05 Month, Day, Year 11/24/62	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Calvary Cemetery		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
21. I attended the deceased from 9.05 PM to 12/31/62 and last saw him alive on 12/26/62 . Death occurred at 9.05 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12/63	
22a. SIGNATURE Potrick C. Hagan (Degree or title)		22b. ADDRESS 3654 South Grand St. Louis 18 Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/3/1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Mo.
24. FUNERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. 12-63	
26. REGISTRAR'S SIGNATURE Robert E. Bauer			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 15 1963

APR 12 1963

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.

4699

P. O. Address

3840 1st St. S.W.

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.