

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29200

1. PLACE OF DEATH

County, St. Charles
Township, Cassaway
City, St. Charles (No.) St. Ward)

Registration District No. 759
Primary Registration District No. 6000

File No.
Registered No. 7

2. FULL NAME

Charlotte Lisette Almeling

(a) Residence, No. St. Ward, 6
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 1/2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27-31

7. AGE YEARS MONTHS DAYS 2 1/2 If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Melle Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robert Hy. Almeling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Melle Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Erna Holt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Melle Mo
(STATE OR COUNTRY)

14. INFORMANT Robert Hy Almeling
(Address) New Melle Mo

15. FILED Aug 30, 1931 O. A. Mulum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Aug 30, 1931, that I last saw him alive on Aug 30, 1931, and that death occurred, on the date stated above, at 3 A M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159
159 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 2
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) O. A. Mulum, M. D.

Aug 30, 1931 (Address) New Melle Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Coffin Mo DATE OF BURIAL Aug 30 1931

20. UNDERTAKER Frank Galman ADDRESS New Melle Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

SEP 25 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

