

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.

APR 29 1932

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

Do not use this space.

1. PLACE OF DEATH

92 County St. Charles
Township Callaway
City New Melle (No.)

Registration District No. 759
Primary Registration District No. 6000

File No. 9781
Registered No. 4
St. Ward)

2. FULL NAME

Mrs. Mathilde Almeling
(a) Residence. No. new melle mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>August Almeling deceased</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 12-1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>28</u>
If LESS than 1 day, ... hrs. or ... min.		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Charles Co Mo
1

10. NAME OF FATHER

Schwarz

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

Germany
10

12. MAIDEN NAME OF MOTHER

Niederjohn

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

Germany

14.

INFORMANT Julius Almeling
(Address) New Melle Mo

15.

FILED Apr 6 1932 Ed. Mullen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1932

17. Mar
I HEREBY CERTIFY, That I attended deceased from Apr 29 1932, Mar 31 1932, and that I last saw h. er. alive on Mar 31 1932, and that death occurred, on the date stated above, at 5:17 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia due to gangrene
of feet.
59 of feet.
988

(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Diabetes Mellitus

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 3-1932

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam and urinal
(Signed) Benjamin Brandt, M. D.

3-4 19 32 (Address) Foristell, 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

Wentzville Mo. 3/6 1932

20. UNDERTAKER

M. E. Ball Wentzville Mo.

ADDRESS

