

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

Do not use this space.

10014

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township Conradshar Primary Registration District No. 624FC
 City St. Louis (No. 918 Wachtel) St. 110 Ward 110

2. FULL NAME Herman J. Almer (A.H.N.E.R.)
 (a) Residence, No. 918 Wachtel Ward.
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>ma</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grace Almer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 1891</u>		
7. AGE YEARS <u>15</u>	MONTHS <u>8</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer 55</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Paper Co</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
13. NAME <u>Char Almer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Grace Almer</u> (ADDRESS) <u>918 Wachtel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel Jeff. Bur. Mo</u> <u>31/32</u>		
19. UNDERTAKER <u>Donald Huel Co</u> (ADDRESS) <u>2819 M. Co</u>		
20. FILED <u>3/29</u> 19 <u>32</u> <u>L. C. Obrack M.U.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1932

22. I HEREBY CERTIFY, That I attended deceased from March 23 1932 to March 29 1932.
 I last saw him alive on March 29 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus

Other contributory causes of importance:
57

Name of operation _____ Date of _____
 What test confirmed diagnosis? urinalysis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) D. P. Tate, M. D.
 (Address) 9439 Edgemoor

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

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 28 1932

V. S. NO. 2

