

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

Do not use this space.

17208

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City New Melle (No. _____) (Ward _____)

Registration District No. 759
Primary Registration District No. 6005

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Emma Almelung
(a) Residence No. Wentzville Mo. St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Wife of Julius Almelung

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>one</u>	<u>23</u>	

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) New Melle
(STATE OR COUNTRY) _____

10. NAME OF FATHER Fritz Kallner

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

12. MAIDEN NAME OF MOTHER Emma Almelung

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Henry Gallman
(Address) New Melle Mo.

15. FILED May 29 1932 O. A. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28-1932

17. I HEREBY CERTIFY, That I attended deceased from May 8th, 1932, to May 27th, 1932. That I last saw her alive on May 12th, 1932, and that death occurred, on the date stated above, at 16 o'clock.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine hemorrhage due to adherent placenta.

CONTRIBUTORY (SECONDARY) Previous hemorrhages (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at place of death.
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Benjamin Brandt, M. D.
my 18, 1932 (Address) Louisville 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 New Melle Mo. DATE OF BURIAL May 30 1932

20. UNDERTAKER Frank Gallman ADDRESS New Melle Mo.

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.

