

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

Do not use this space.

**MAR 7 1935**

**1. PLACE OF DEATH**

County St Charles  
Township  
City St Charles Mo (No. 407 N 5<sup>th</sup>)

Registration District No. 757  
Primary Registration District No. 3036

File No. 2596

Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. St Charles Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opbell Eiler  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Works  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

13. NAME Casper Alstrop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Gertrude Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Oliver Alstrop St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Mo

19. UNDERTAKER (ADDRESS) W. H. Hallmeyer & Sons Co. 800 N. 3<sup>rd</sup> St Charles Mo

20. FILED 1/4 1935 Clarence J. Hessler Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1<sup>st</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1934, to Jan 1 1935  
I last saw him alive on Dec 31<sup>st</sup> 1934. Death is said to have occurred on the date stated above, at 4:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset unknown  
1/5  
Other contributory causes of importance: Influenza Dec 31

Name of operation none Date none  
What test confirmed diagnosis? History Physical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. none  
Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify none  
(Signed) Will J. Freeman M. D.  
(Address) St Charles 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.

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