

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township Callaway
City St. Charles (No. 1)

Registration District No. 759
Primary Registration District No. 6000

File No. 2804
Registered No. 4
St. St. Charles Ward 1

2. FULL NAME

Roger Ralph Edstrom Almeling
(a) Residence New Melle Mo. Ward 1
(Usual place of abode)
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11/1896
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 26

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

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

13. NAME Oscar Edstrom

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

15. MAIDEN NAME Ruth Almeling

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

17. INFORMANT (ADDRESS) Ruth Almeling

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Melle Mo. DATE 2/3, 1937

19. UNDERTAKER (ADDRESS) W. J. Gellman
New Melle Mo.

20. FILED 72 - 1937 W. J. Gellman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1937
22. I HEREBY CERTIFY, that I attended deceased from Jan 15, 1937, to Jan 31, 1937
I last saw him alive on Jan 31, 1937. Death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:

Double Pneumonia
Influenza
Other contributory causes of importance: —

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no injury
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) W. J. Gellman, M. D.
(Address) New Melle Mo.

