U. S. No. 2
10M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8012

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2804

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. Bowles Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carrie Almstedt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Almstedt.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 6, 1857 (Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 17 If less than one day hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER

12. Name August Gaismeyer,
13. Birthplace Germany. (City, town, or county) (State or foreign country)
14. Maiden name Anna Kundert,
15. Birthplace Switzerland. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis B. Funke
(b) Address 6246 McPherson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive Street.

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1943 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from March 3, 1943 to March 23, 1943 that I last saw her alive on March 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	3 wks
Due to	
Due to 83	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis, General & Cerebral	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature B. J. Blasberg M.D. (M. D. or other)
Address 3720 Washington Av. Date signed 3/23/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Rhodes
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Neville R. Grohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.