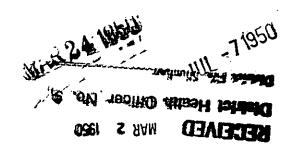
No'. 300	" FILED MAR 7	7 1950 THE DIVISION OF HEALTH OF MISSOURI						585	6		
10.48		STANDARD CERTIFICATE OF DEATH State File No									
. n. ()	BIRTH NO		_ REG. DIST. NO.30%		PRIMARY REG. DIST. I	NO. 60	16 Registi	ar's No	3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
170	I. PLACE OF DEATH				2 USUAL RESIDE	NCE (W	bere decement live	d. If insti	tution: residen	e before	
1	a. COUNTY St. Cl	arles			a. STATE MO		St.	[har]		lmission).	
ı	b. CITY (If outside corporate		URAL and give c. LENGTH	OF	c. CITY_(If outside corp.	orate limite,			hip) 15	20	
_	TOWN Callat	та у	township) STAY (in thi	place)	TOWN Call	away			0,5) [
RECORD	d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR				d. STREET (If rural, give location)						
8	HOSPITAL OR INSTITUTION EARLINEWS WELL ALONGING,				ADDRESS Near New Melle .						
Ä	3. NAME OF B. (F. DECEASED		b. (Middle)	<u> </u>	c. (Last)	T T	4. DATE (Month)	(Day) (Y	esr)	
	(Type or Print) Julie	,	Henry	• 1	Alemling .	1	OF DEATH RE	•	181950	-	
Ę	1	R OR RACE	7. MARRIED, NEVER MARRI WIDOWED, DIVORCED (8p	ED.	8. DATE OF BIRTH	<u>'</u>	9. AGE (In years	IF UNDER 1	YEAR IF UNDE	1 4 KBS.	
Ž	Male W		Widowed, DIVORCED (8)	scify)	April, 17, 18	185	last birthday) 64	Months	Days Hours	Min.	
\$	10a. USUAL OCCUPATION (GH	is kind of work	10b. KIND OF BUSINESS OF	R IN-	11. BIRTHPLACE (State of			7/ 1	12. CITIZENO	F WHAT	
Permanent	done during most of working life,	even if retired)	L j Du:	STRY	Mo ,			7	COUNTRY		
ם	Carptner 13a. FATHER'S NAME		LADOT	LOSM		14 NAM	E OF HUSBAND	OR WIFE			
⋖		·			_	7-77 147-200	2 01 110001110	V. 3112			
图	August Almel	LIIE.	Mathilda FORCES? 16. SOCIAL SECU		INDOT !	SIGNA	TURE OF MA	ME	ADDR	Ecc	
MARE	(Yee, no, or unknown) (If yes, gi	ve war or dates	of service)	NO.							
	No		None	'AL C	Mrs Ruth SERTIFICATION	chwe	ce New	Mel	Le Mo	TWEEN	
INK	18. CAUSE OF DEATH Enter only one cause per 1. Di	SEASE OR CO	ONDITION NG TO DEATH*(a)		an alian 1	1000	nua at	<u>.</u>	ONSET AND		
Z	line for (a), (b), and (c)	ECTLY LEADI	NG TO DEATH*(a)	OU	some p	een	energe		3 M	(2) .	
¥	*This does not mean ANT	recedent ca	JUSES ()								
ΨC	the mode of dying, such Mo	rbid conditions	, if any, giving DUE TO (b) suse (a) stating								
BLACK	as heart failure, asthenia, the	to the above co underlying cau	ruse (a) starmg. se last.		• •	•		7.		•	
	ease, injury, or complica-		DUE TO (c)			·_					
ž	1		TICANT CONDITIONS	• •	•				Lan	ten.	
9	Conditions contributing to the death but not related to the disease or condition causing death.								126	6.00 T	
UNFADING	19a. DATE OF OPERA- 19b.	MAJOR FINE	DINGS OF OPERATION		•				20. AUTOPS	Y7	
Š									YES	ио 📙	
	21a. ACCIDENT (Specific SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or nome, farm, factory, street, office bldg		21c. (CITY, TOWN, OR T	OWNSHIP) (COL	YTY)	. (STATI	E)	
Ä	U		<u></u>								
Ď	21d. TIME (Month) (Day OF	y) (Year) (Elour) 218. INJURY OCCUR WHILE AT [] NOT WHILE		21f. HOW DID INJURY	OCCUR?					
<u>ქ</u>	OF INJURY		WORK AT WOR	ĸ L							
3	22. I hereby certify that I	attended to	he deceased from Z	<u>~</u>	, 19 49 , to 74	B	_, 19 SD , th	at I last	saw the de	ceased	
ğ	alive on 2/16	, 1952	2, and that death occurre	d at .	9:00Pm., from th	е саивев	and on the do	ite stated	above.		
PLAINLY—USING	23a. SIGNATURE		(Degree or	itle)	23b. ADDRESS	.1		š	23c. DATE S	IGNED	
	N.O. TUC	TILLO	essey WA	<i>!</i>	werre	lle,	TUD		2/20	150	
WRITE		b. DATE	24c. NAME OF CEN	AETER	Y OR CREMATORY 2	4d. LDCA	TION (City, top)	n, or count	y) (S	tate)	
Ĕ	TION, REMOVAL (Bredly)	2-2/-	30 Puns	12	elle Com.	41	harle	2 /2			
7	DATE REC'D BY LOCAL RE	GISTRAR'S S	IGNATURE	168	25 FUNERAL DIRECT	08'8 \$	SMATURE	ADI	DRE SS		
	7-8-27/980 S	Mark	- Hall	0	Marin	1/2	all.	in	ul		
		11	(Licenses Embala	per's S	tatement on Reverse Side)					



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	Student Embalaer No.
working under my personal supervision.	

Licensed Embalmer No. Student Embalmer 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.