

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29133

BIRTH NO. _____		REG. DIST. NO. <u>305</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> <u>0920</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u> <u>Calton, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u> <u>0920</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alvin Henry</u>		b. (Middle) _____		c. (Last) <u>Almeling</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 11 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self owned buthther shop.</u>		8. DATE OF BIRTH <u>Jan. 9, 1889</u>		9. AGE (In years last birthday) <u>63</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>2</u> Hours _____ Min. _____	
11a. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>August E. A lmeling</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Schnoor</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Almeling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bertha Almeling New Melle, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Myocardial Degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11-3</u> , 1951, to <u>8-11</u> , 1952, that I last saw the deceased alive on <u>8-11</u> , 1952, and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W E Borgeesen DO</u>				23b. ADDRESS <u>201 Wentzville Mo.</u>		23c. DATE SIGNED <u>8-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAPPELNE, Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>CAPPELNE, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 1 1952</u>		REGISTRAR'S SIGNATURE <u>Mathias P. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin [Signature]</u>		ADDRESS <u>Wentzville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Howard O. Kusler

Licensed Embalmer No. *4631*

P. O. Address *Wentworth, Mo.*

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.