

JAN 24 1938

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

46675
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
 (b) Township Central Primary Registration District No. 6033
 (c) City St. Louis (d) Street No. 2913 Clearview Drive Registered No. 340
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles F. Alsmeyer

(a) Residence, No. 2922a N. Taylor St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Alsmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 24

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

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

FATHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Dick Weissenbarn
 (ADDRESS) 2913 Clearview Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cemetery DATE Dec. 11, 1937

19. FUNERAL DIRECTOR A. Kraus & Co.
 (ADDRESS) 2701 N. Grand Blvd

20. FILED 12-10-37 Adel Baechner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 3rd, 1937, to December 9th, 1937

I last saw him alive on December 8th, 1937. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Appoplexy (cerebral hemorrhage)
Unknown
 Date of onset

Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury None, 1937
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify John A. Loeb, M. D.
 (Signed) John A. Loeb
 (Address) 2323 Madison Blvd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Elton R. H. Remelius

Licensed Embalmer No. 3154

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.)