

Registration District No. **172**

Primary Registration District No. **4273**

Registrar's No. **56**

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

**1. PLACE OF DEATH:**  
(a) County LAFAYETTE  
(b) City or town CONCORDIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ALL HIS LIFE years, months or days

**3. (a) PRINT FULL NAME** HERMAN ALEWEL SR  
**3. (b) If veteran, name war** No **3. (c) Social Security No.** No

**4. Sex** MALE **5. Color or race** WHITE **6. (a) Single, widowed, married, divorced** MARRIED  
**6. (b) Name of husband or wife** SOPHIE ALEWEL **6. (c) Age of husband or wife if alive** 79 years  
**7. Birth date of deceased** DEC 24 1861  
(Month) (Day) (Year)

**8. AGE:**  
Years 86 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** CONCORDIA MO  
(City, town, or county) (State or foreign country)

**10. Usual occupation** FARMING

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** HERMAN ALEWEL **13. Birthplace** GERMANY **14. Maiden name** ANNIE SCHELP **15. Birthplace** GERMANY  
(City, town, or county) (State or foreign country) (City, town, or county) (State or foreign country)

**16. (a) Informant** HERMAN J. ALEWEL  
**(b) Address** CONCORDIA MO

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** SEPT 2 1948  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** ST. PAUL'S CEMETERY

**18. (a) Signature of funeral director** E. S. JAMES  
**(b) Address** CONCORDIA MO

**19. (a) Sept 2 - 1948** (Date received local registrar) **(b) Dayton H. Landrum** (Registrar's signature) **1511**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town CONCORDIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1108 GORDON ST  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Aug day 30 year 1948 hour 11 minute 55 P.M.  
**21. I hereby certify that I attended the deceased from** May 24 1948 to Aug 30 1948  
that I last saw him alive on Aug 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the prostate gland  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral hemorrhage 1 day  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy 51 B

**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 \_\_\_\_\_

**23. Signature** H. Brady (M. D. or other) M.D.  
**Address** Concordia Mo **Date signed** 8/31/48

**Duration**  
4 yrs  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-10-48

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 me

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.