FILED MAR 5 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5906

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1921

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): August
b. (Middle): Edward
c. (Last): ~~Almening~~ Almeling

**4. DATE OF DEATH** (Month) 2 (Day) 27 (Year) 1949

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** Jan. 27, 1895
**9. AGE** (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Mail Carrier
**10b. KIND OF BUSINESS OR INDUSTRY:**
**11. BIRTHPLACE** (State or foreign country): Wentzville, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.
**13a. FATHER'S NAME:** August C. ~~Almening~~ Almeling
**13b. MOTHER'S MAIDEN NAME:** Mathilda Shurr
**14. NAME OF HUSBAND OR WIFE:** Laura ~~Almening~~ Almeling
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
**16. SOCIAL SECURITY NO.:** Unknown
**17. INFORMANT'S SIGNATURE OR NAME:** Laura Almeling — **ADDRESS:** Wentzville, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis (uremia) — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 2 yrs.

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* 17 Jan, 1949, *to* 27 Feb., 1949, *that I last saw the deceased alive on* 26 Feb., 1949, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. G. Drake (Degree or title) MD
23b. ADDRESS: 114 N. Taylor (6) St. Louis
23c. DATE SIGNED: 28 Feb. 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-1-49 / 2-29-49
24c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery
24d. LOCATION (City, town, or county) (State): Wentzville, Mo.

DATE REC'D BY LOCAL REG.: FEB 28 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1949

MAR 26 1949

## 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 Elmo P. Padwell

Licensed Embalmer No. 4077

P. O. Address .....

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Charles }

State File No. 5906
Local Registrar's No. 1921

# AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of March, 1949, before me appears Laura M. Almeling, who, upon her oath, states that the original record of death for August Edward Almeling, died February 27, 1949, in the State of Missouri, and which was filed at Jefferson City, Mo. on March 5, 1949, should be corrected as follows:

Item No. 3 should read August Edward Almeling
Instead of August Edward Almening

Item No. 13A should read August C. Almeling
Instead of August C. Almening

Item No. 14 should read Laura Almeling
Instead of Laura Almening

Item No. 17 should read Laura Almeling, Wentzville, Mo.
Instead of Laura Almening, Wentzville, Mo.

Item No. 24b should read 3-1-49
Instead of 2-29-49

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Laura M. Almeling Widow
Relationship.

Wentzville, Missouri
Present Address.

Subscribed and sworn to before me this 31 day of March, 1949

My Commission expires My Commission Expires January 12, 1951 Gertrude B. Foistell Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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