No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 8 - 1953

State File No. 29685

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO 6046 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Callaway
c. LENGTH OF STAY (in this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mile West of New Melle, Mo.

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): Rural- Callaway 0920 0
d. STREET ADDRESS (If rural, give location): ½ mile West of New Melle, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Henry
c. (Last): Almeling

4. DATE OF DEATH (Month) (Day) (Year): August 29, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9, 1892
9. AGE (In years last birthday): 61 — If under 1 year: Months: 1 Days: 20 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August C. Almeling
13b. MOTHER'S MAIDEN NAME: Mathilda Schnoor
14. NAME OF HUSBAND OR WIFE: Elizabeth 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 1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs.
DUE TO (c) Myocardial Infarction — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* Aug 25, 1953 *to* Aug 29, 1953, *that I last saw the deceased alive on* Aug 28, 1953, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Borgesen D.O.
23b. ADDRESS: WENTZVILLE, MO
23c. DATE SIGNED: 8-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 31, 1953
24c. NAME OF CEMETERY OR CREMATORY: Cappeln Evangelical Cappeln
24d. LOCATION (City, town, or county) (State): Missouri

DATE REC'D BY LOCAL REG.: Sept. 3/1953
REGISTRAR'S SIGNATURE: Martin F. Duff
25. FUNERAL DIRECTOR'S SIGNATURE: Marvin Meschang — **ADDRESS**: Wentzville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1953

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 Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.