

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

Do not use this space.

6127

1. PLACE OF DEATH

County St Charles
 Township Union
 City Wentzville (No. _____)

Registration District No. 750
 Primary Registration District No. 5999

File No. _____
 Registered No. 128
 St. _____ Ward _____

2. FULL NAME

Mary Catherine Amptman

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 80 yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Joseph Amptman

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

Dec 8 - 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

84

2

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

19

17.

I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, at Wentzville, Mo, and that I last saw him alive on Feb 10, 1930, and that death occurred, on the date stated above, at 6:30 am of Feb 11, 1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

11A
109A

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Influenza

(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

2/11/30 (Signed) J. S. Richardson, M. D.
 Address Wentzville, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Don't know
Germany

10. NAME OF FATHER

Casper Sommer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Don't know
Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Don't know
Germany

14. INFORMANT (Address)

Mrs Frank Stueck
O Fallon, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Wentzville Mo

DATE OF BURIAL

Feb 12 1930

15. FILED

3/10/30
J. D. Neutjes
REGISTRAR

20. UNDERTAKER

J. E. Peterson

ADDRESS

Wentzville, Mo

A. 2.—Every item of information known to be certainly correct. Now amount of state support. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

335

Feb 10, 30

