

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

Do not use this space.

1791
1003

7673

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. 3762 Penrose St)

File No.....

Registered No. 2034

2. FULL NAME Charlotte Ameling

(a) Residence. No. 3762 Penrose St. St. 10 Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24 - 1844

7. AGE

YEARS 86

MONTHS 4

DAYS 19

If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

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

Housework

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Germany

(STATE OR COUNTRY)

10. NAME OF FATHER Chas Dopheide

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT: Mrs Albert Koettel

(Address) 3762 Penrose St

15.

FILED 16 1931 May 17 St. Louis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13th 1931

17.

I HEREBY CERTIFY, That I attended deceased from

1/25, 1931, to 2/13 2/13 1931
that I last saw her alive on 2/13, 1931, and that death occurred, on the date stated above, at 6:15 PM a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Hypostatic Pneumo -
10. Pneumonia

131
107A (duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 5 yrs. 5 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Symptoms

(Signed) Chas P. Nathan, M. D.

2/14.31 (Address) 3903 Lee Ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Briedens

DATE OF BURIAL

Feb. 16 19 31

20. UNDERTAKER

W. Leidner and Co. N. Market St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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