

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

Do not use this space.

39599

1. PLACE OF DEATH

County Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1006** File No.
 City **St. Louis** (No. **6027**) **Westminister** Registered No. **11804** St. Ward)

2. FULL NAME

Dr. Edgar W. Amman
 (a) Residence, No. **6027 Westminister** St., **5** Ward. (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
		5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Millabelle Amman	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 1880			
7. AGE	YEARS 51	MONTHS 2	DAYS 18
	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.			
FATHER	13. NAME Anthony Amman		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
MOTHER	15. MAIDEN NAME Johanna Hoge		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
17. INFORMANT (ADDRESS) Millabelle Amman 6027 Westminister			
18. BURIAL, CREMATION OR REMOVAL PLACE Highland Hill DATE 11-26 19 31			
19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec St.			
20. FILED NOV 25 1931 Westminister Registrar.			

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24 1931**

22. I HEREBY CERTIFY, That I attended deceased from **several years**, 19.....
 I last saw him alive on **11/24/31**, 19..... Death is said to have occurred on the date stated above, at **6:20 P.M.**
 The principal cause of death and related causes of importance were as follows:
Decomposed heart

Date of onset

Other contributory causes of importance:
95B 75 B

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify
 (Signed) **Sam I. Bennett**, M. D.
 (Address) **5427 Delmar**

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.

5427 Delmar