

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Louis Mo* (No. *4107 Botanical Ave.*)..... Ward.....

File No. **18354**  
 Registered No. **2021**

**2. FULL NAME**

*William H. Amann Sr.*  
 (a) Residence, No. .... St. *17* Ward.....  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*  
(Divorced write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*79 5 16*

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired. Packer*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Chapman Paper Co*  
 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) *Germany*

FATHER  
 13. NAME *Unknown Amann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER  
 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *William Amann Sr.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter & Paul Cemetery* DATE *May 14 1934*

19. UNDERTAKER (ADDRESS) *Wm. Robert*

20. FILED *4 12 1934* 19 Registrar. *J. Brudeck*

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10<sup>th</sup> 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 7*, 19*34* to *May 10*, 19*34*  
 I last saw him alive on *May 10*, 19*34*. Death is said to have occurred on the date stated above, at *4:45 p.m.*  
 The principal cause of death and related causes of importance were as follows:

*Pneumonia lobular  
 Myocarditis, Chl.*

Other contributory causes of importance:  
*93C  
 112*

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 .....  
 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? .....  
 If so, specify .....

(Signed) *Wm. Robert*, M. D.  
 (Address) *1918 E. Grand*

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.

JUN 1 9 1934

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