

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

Do not use this space.

31434

1. PLACE OF DEATH

County ..... Registration District No. **1003** ✓ File No. ....  
Township **SEP 13 1934** Primary Registration District No. .... Registered No. **8758**  
City **St. Louis Missouri** (No. ...., St. .... Ward)

2. FULL NAME **Richard Ammerman**  
(a) Residence, No. **7241 Dorset University City, St. N R** Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 10. 1929</b>				
7. AGE	YEARS <b>4</b>	MONTHS <b>9</b>	DAYS <b>21.</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —			
	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) <b>Saint Louis, Missouri</b>				
FATHER	13. NAME <b>George S Ammerman</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Missouri</b>			
MOTHER	15. MAIDEN NAME <b>Hazel Roane</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Petersburg, Colorado</b>			
17. INFORMANT <b>Agnes E. Reilly 5400 Arsenal</b> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Oak Grove</b> DATE <b>Sept 1, 1934</b>				
19. UNDERTAKER <b>Alexander and Sons</b> (ADDRESS) <b>6175 Jefferson</b>				
20. FILED <b>31</b> 19. <b>J. H. Bredeck</b> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 31, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 29, 1934** to **Aug 31, 1934**  
I last saw him alive on **Aug 31, 1934** Death is said to have occurred on the date stated above, at **12:30 AM**.  
The principal cause of death and related causes of importance were as follows:  
**Pertussis** Date of onset **9**  
**78 B**  
Other contributory causes of importance **Toxic Encephalitis**  
Name of operation **None** Date of .....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** Date of injury ..... 19.....  
Where did injury occur? **No** (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 **No**  
(Signed) **John E. Scherbaum, M. D.** (Address) **1001 Barton Hospital**

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.



*St Louis City*

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Richard Ammerman  
Who died at \_\_\_\_\_ on Aug 31-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex M Color or race W Single, ~~married~~, ~~widowed~~ or ~~divorced~~: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 4 Months 9 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) Pertuis  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) Tafie Creephalitis  
Principal cause of death: Non epidemic

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_

X Signature of Registrar J. V. Bredek 9-25-34 Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. \_\_\_\_\_ Very truly yours,  
Primary Reg. Dist. No. \_\_\_\_\_ E. J. Mc Gaugh M.D.  
\_\_\_\_\_ g.c.

Special Agent.

31434