

MAY 7 1937

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

Do not use this space.

14761

## 1. PLACE OF DEATH

County St. Louis, Mo.Registration District No. **791**

Township

Primary Registration District No. **1003**

City

(No. 4619 Sacramento Ave. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. **4257**2. FULL NAME Charles Westley Ames(a) Residence, No. 4619 Sacramento 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie AmesJuly 13, 1859

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

7. AGE 77	YEARS	MONTHS 9	DAYS 10	If LESS than 1 day, ..... hrs. or ..... min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor-plaster

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) Whitewater, Wis.13. NAME Charles Ames14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs. Jessie Ames 4619 Sacramento

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leasburg, Mo. DATE April 26 193719. UNDERTAKER (ADDRESS) Stroot Carroll 4600 Nat'l Bridge Ave.

20. FILED

APR 24 1937

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J. J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1937 . 1922. I HEREBY CERTIFY, That I attended deceased from December 10 1936 to April 23, 1937I last saw him alive on April 23, 1937 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis 1936-37Other contributory causes of importance: Carcinoma of Liver 1936Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Physician Was there an autopsy? Yes23. 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? \_\_\_\_\_ (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) J. J. Bredeck, M. D.(Address) 4721 Delaware

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.

THIS IS A PERMANENT RECORD

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