

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

Do not use this space.

SEP 10 1937

29138

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township St. Louis Primary Registration District No..... Registered No. 27271  
City St. Louis (No. Missouri Baptist Hosp) St. .... Ward)

**2. FULL NAME**

Dr. Joseph O. Ament  
(a) Residence, No. 5132 Minerva b. Ward. 6  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1893

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:55 A.M.

7. AGE YEARS 44 MONTHS — DAYS 21 Is LESS than 1 day, ..... hrs. or ..... min.

The principal cause of death and related causes of importance were as follows: Pulmonary congestion, contributory heat stroke following accident suffered in an automobile accident near Mineola, Missouri, on Highway 40, August 10, 1937. Auto driven by deceased at time. Time Cause and Manner could not be determined.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 11

Other contributory causes of importance: 210m

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Joseph Ament

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? YES

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

15. MAIDEN NAME Susan Lehman

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? see above Date of injury 8/10, 1937

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

Where did injury occur? near Mineola, Missouri.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public place.

17. INFORMANT (ADDRESS) Mrs Cecelia Ament 5132 Minerva

Manner of injury see above

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 30, 1937

Nature of injury see above

19. UNDERTAKER (ADDRESS) Chas. F. Stuart 1225 Union Blvd

24. Was disease or injury in any way related to occupation of deceased? If so, specify Alfred J. Perry, M.D.  
(Signed)

20. FILED AUG 18 1937

(Address) Depue, Conn.

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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