

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

36113
Do not use this space.

NOV 15 1937

791

1003

Registered No. **9690**

1. PLACE OF DEATH -

(a) County..... Registration District No. **1**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis**..... (d) Street No. **christon Hospital**..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amelia Michelmann

(a) Residence, No. **5329 Alfred** St. **13** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **John H**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 14 1879**

7. AGE YEARS **58** MONTHS **4** DAYS **2** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Andrew Stoffel**

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

MOTHER 15. MAIDEN NAME **Anna Conrad**

16. BIRTHPLACE (CITY OR TOWN) **Belle vill** (STATE OR COUNTRY) **Ill.**

17. INFORMANT (ADDRESS) **John H Michelmann**
5329 Alfred

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **Oct 19 1937**

19. FUNERAL DIRECTOR (ADDRESS) **A. Kern & Co**
2707 N Grand Blvd

20. FILE **OCT 18 1937** **J. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 16 1937**

22. I HEREBY CERTIFY, That I attended deceased from **6/21**, 19**37**, to **10/16**, 19**37**

I last saw her alive on **10/16**, 19**37**. Death is said to have occurred on the date stated above, at **6:30** p.m.

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

Uremia following operation for removal of kidney stone

Other contributory causes of importance: **134**

Name of operation **Nephrolectomy** Date of **10/9/37**
 What test confirmed diagnosis? Was there an autopsy? **no**

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?
 If so, specify (Signed) **V. J. Munk**, M. D.
 (Address) **Sniffel Trust Bldg.**

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.

OCCUPATION
FATHER
MOTHER

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Me., Registered Apprentice No.

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3164

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)