

Registration District No. 791

Primary Registration District No. 1003

RECORDED JUL 17 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4763 Greer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")
(d) Street No. 4763 Greer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME August H. Amsinger 525

3. (b) If veteran, name war No 3. (c) Social Security No. 494.03.4577

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January 18, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 5 0 hr. min. 0

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Range Maker

11. Industry or business Stove

MOTHER FATHER { 12. Name George Amsinger

13. Birthplace Carlyle, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Vierling

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Amsinger
(b) Address 4763 Greer Ave.

17. (a) Burial (b) Date thereof June 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) 4-18-1940 (b) J. F. Predeck
(Date received in office of registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 17
to June 18, 1940, to _____, 1940;
that I last saw him alive on June 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
and mitral insufficiency

Due to unknown etiology

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. B. Ryan (M. D. or other) _____
Address 306 N. Grand Ave. St. Louis Date signed 6/18/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

John Ketter

Licensed Embalmer No. 3880

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.