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

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8649

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2059

**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: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 46 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis 96

(c) City or town Velda Village N.RO
(If outside city or town limits, write "RURAL")

(d) Street No. 3005 Capehart Dr. 0
(If rural, give location)

(e) If foreign born, how long in U.S.A.? 46 years.

3. (a) PRINT FULL NAME Joseph Amon

3. (b) If veteran, name war World

3. (c) Social Security No. 492-07-5388

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hilda Amon nee Coughlin

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December 11, 1893
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 47 | 2 | 21 | hr. min. |

9. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance

11. Industry or business Pioneer Cooperage Co.

MOTHER FATHER

12. Name John Amon

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Amon

(b) Address 3005 Capehart Dr.

17. (a) Burial (b) Date thereof 3/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 4 1941 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 2, year 1941 hour 6:00 PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Sclerosis; Chronic Nephritis; Arteriosclerosis; | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 3/4/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 William G. Buchhol

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo

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

**If this body is not embalmed, fact should be so stated above.**