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No. 2
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5-17-39
X26390

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8805
2215

State File No. _____
Registrar's No. _____

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: 3 Days
In this community ALL OF LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 Franklin (2nd Fl. Rear)
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Amlong

3. (b) If veteran, name war NONE
3. (c) Social Security No. 489-16-5545

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

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

7. Birth date of deceased Dec. 26, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 10 hr. min.

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

10. Usual occupation Night Watchman
W.P.A.

11. Industry or business _____

12. Name Henry Amlong

13. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Julia Glodo

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

16. (a) Informant Mrs. Krebsbach

(b) Address 1442 Hogan

17. (a) burial (b) Date thereof 3-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Brockland Und., Co.

(b) Address 1827 Hogan

19. (a) MAR 10 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8,
year 1941 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from March
6, 1941 to March 8, 1941.

that I last saw him alive on March 8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart myofibril
Duration _____

Due to _____
Due to _____

Other conditions Syphilitic aortitis +
(Include pregnancy within 3 months of death)
Pericarditis

Major findings:
Of operations _____
Of autopsy [Signature]

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? _____

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

23. Signature [Signature] (M.D. or other)
Address 1515 Lafayette Avenue Date signed 3/8/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Albert H. Hoppe

Licensed Embalmer No. 1861

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, fact should be so stated above.