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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED MAY 13 1941
Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12700
Registrar's No. 3130

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town.....
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
(a) State..... (b) County.....
(c) City or town: St. Louis, Mo.
(d) Street No. 1940a Arsenal St. 24
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Amalie Stamm
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Herman Stamm 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 3, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 5 If less than one day.....hr.....min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business.....
12. Name Unknown Bauer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Dreher
(b) Address 4249a Detonty St.
17. (a) Burial (b) Date thereof 4-10-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 2623 Cherokee St.
19. (a) 4-10-41 (b) J. J. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th,
year 1941 hour 12 Noon 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.

Immediate cause of death: Third degree burns of entire body & head suffered when her clothing became ignited from overheated stove in the kitchen of her home 1940a Arsenal St. on April 8th, 1941 about 8:15 A.M.
No damage to buliding or contents.
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) Accident
(b) Date of occurrence 4-8-1941
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home
While at work?..... (Specify type of place) Means of injury.....
23. Signature Thomas Hallenar (M.D. or other)
Address Deputy Coroner Date signed 5/9/41

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.....

Licensed Embalmer No.....

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 4 1941

1003

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 3130

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 24
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL.")
(d) Street No. 1940-A Arsenal Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Amalie Stamm,

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 3rd, 1857.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown Bauer.

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

14. Maiden name Unknown

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

16. (a) Informant: William J. Draker.

(b) Address 4249-A DeTonty Street.

17. (a) Burial (b) Date thereof April 10, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director: Zegenham Bros.
(b) Address 2823 Cherokee Street.

19. (a) APR 10 1941 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th,
year 1941. hour 12 minute Noon. 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.

Immediate cause of death: Third degree burn of entire body & head, suffered when her clothing became ignited due to from overheated stove in the kitchen of her home 1940 & due to Arsenal st. on April 8th 1941 about 8:15 A.M.
Other conditions: No damage to building (include pregnancy within 3 months of death) for contents

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 8th 1941
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
Specify type of place _____
While at work? _____ (e) Means of injury _____

23. Signature Thomas F. Callanan (M. D. or other) _____
Address Deputy Coroner Date signed 4/9/41

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

Copy

847 (Licensed Embalmer's Statement on Reverse Side)

12700

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

Juddie A. Jilgenheim

Licensed Embalmer No. *2670*

P. O. Address *26 23 Cherokee*

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.