

Registration District No. 754

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7241 Dorset
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7241 Dorset
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1941 hour 4:30 minute 13 M.
21. I hereby certify that I attended the deceased from July 28 to July 28 1941
that I last saw him alive on July 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chrom. Myeloid leukemia
Chrom. Hypertens.
Duration _____

Due to _____
Due to 1318
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 7649 Delmar Date signed 7/29/41

3. (a) PRINT FULL NAME GEORGE S. AMMERMAN

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

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

6. (b) Name of husband or wife Hazel Rosene Ammerman 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 21 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 7 _____ hr. _____ min.

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

10. Usual occupation salesman

11. Industry or business cutlery

12. Name George W. Ammerman

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

14. Maiden name Judis Shumard

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

16. (a) Informant Mrs. Geo. S. Ammerman

(b) Address 7241 Dorset Ave

17. (a) burial (b) Date thereof 7/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar Blvd.

19. (a) JUL 29 1941 (Date received local registrar)
(b) [Signature] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

96
2306

5

Ca 5507

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 Joseph McCulloch
Licensed Embalmer No. 2460

P. O. Address 8175 Pelmar
Address

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

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