V. S. No. 2
0M—1-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11873

FILED MAR 31 1942

Registration District No. 1

Primary Registration District No. 106

Registrar's No. 608

96
4
3

JUL 15 1942

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Corley Nursing Home, 418 So. Geyer Rd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 418 So. Geyer Rd. 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mathilda Ameling

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 2

6. (b) Name of husband or wife Frank H.

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

7. Birth date of deceased January (Month) 1, (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	14	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Harry Dietz
(b) Address 3123 Meramec St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebhen - Benz
(b) Address 2842 Meramec St.

19. (a) MAR 17 1942 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) 4K

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1940 to March 15th 1942 that I last saw her alive on March 14 9 P.M. 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia Bylateral	
Due to Senality + Dementia	-
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
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 0

23. Signature Walter S. Smith (M. D. ~~or other~~)
Address Webster Groves Date signed 3-17-42

709 (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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Loron C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St. St. Louis, Mo.

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.