

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
St. Anthony Hospital ()
(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 58 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mr. Edwin L. Amann

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 489-28-7411

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

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

7. Birth date of deceased May 18, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57. 10 27. hr. min.

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

10. Usual occupation Bartender

11. Industry or business Tavern

12. Name Louis Amann

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

14. Maiden name Sophie Schill

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

16. (a) Informant Gertrude Amann

(b) Address 4112 Shenandoah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) APR 16 1942 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 17 9
(d) Street No. 4112 Shenandoah (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1942 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Apr 10 to Apr 15 1942 that I last saw him alive on Apr 14 and that death occurred on the date and hour stated above.

Immediate cause of death: Labor Pneumonia Duration
Post operation

Due to: Ruptured Gastric Ulcer

Due to: Ulcer in pyloric end

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: ulcer on anterior surface pyloric stomach ruptured Of operations _____ Of autopsy no PHYSICIAN 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) Means of injury 0

23. Signature Martin J. [Signature] (M. D. or other) Address 506 Olive St. Date signed 7/15/42

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

MOTHER FATHER

for M...
506 Olive
Ch 5025

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. *3737*

P. O. Address *1936 St. Louis Ave.*

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.