

7. S. No. 2  
FORM-5-42  
5-17-39  
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U.S.

26436

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 7502

AUG 20 1943 818

Primary Registration District No. 1003

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

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:  
5143 Easton Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5153 Easton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Ammerman  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 19  
year 1943 hour 8:05 minute 0 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed  
6. (b) Name of husband or wife Harry Ammerman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 24 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 17, 1943, to Aug 19, 1943;  
that I last saw him alive on Aug 19, 1943,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 7 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Angina Pectoris Duration 3 Days

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Ischaemia 2 Days  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Germany H  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Jennie Mitchell  
(b) Address 5245 Paulian Pl.  
17. (a) Burial (b) Date thereof 8-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethany Cem.

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 \_\_\_\_\_

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.  
19. (a) AUG 21 1943 (b) J.F. Bredeck  
(Date received local registrar) (Registrar's signature)

23. Signature Geo. P. Hoover (M. D. or other) Drill  
Address 3442 Geraldine Date signed 8/21/43

3442 Sebaline Ev 2054  
8:30 to 9:30 AM

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**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 R. Thompson  
Licensed Embalmer No. 4237  
P. O. Address St Louis

**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.