

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35611

State File No. _____

FILED DEC 9 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10196

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:
2537 W. Sullivan 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... 63 yrs-1 mon.-18 das
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2537 W. Sullivan Ave
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John H. Ammann

3. (b) If veteran, name war no

3. (c) Social Security No 488-01-6971

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary C. Ammann

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct. 10, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>1</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation mailer

11. Industry or business.....

MOTHER FATHER

12. Name Herman Ammann

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

14. Maiden name Thekla Gedages

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

16. (a) Informant Mary C. Ammann

(b) Address 2537 W. Sullivan Ave

17. (a) burial (b) Date thereof 12-1-144
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Richard J. Gooch

(b) Address 2228 St. Louis Ave

19. (a) NOV 30 1944 (Date received local registrar)

J. F. Bredet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 21st to 11-28, 1944
and that death occurred on the date and hour stated above.

I last saw him alive on 11-27, 1944

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to 83

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration 2 days

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.....

23. Signature Arthur Lindner (M. D. or other) MD

Address 2228 St. Louis Ave Date signed 11/28/44

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

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 Marie A. Cashion

Licensed Embalmer No. 3949

P. O. Address 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.