No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2214

FILED JAN 27 1947

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 576

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: DEACONESS 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 26 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS 96
(c) City or town KIRKWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 860 BIG BEND NR 4 3 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME CHARLES AMMERMAN
3. (b) If veteran, name war —
3. (c) Social Security No. 497-18-9059
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DOROTHY AMMERMAN
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased NOV (Month) 4 (Day) 1870 (Year)

8. AGE: Years 76 Months 2 Days 11 If less than one day hr. min.

9. Birthplace GREENCASTLE (City, town, or county) IND (State or foreign country)
10. Usual occupation TEACHER
11. Industry or business ROOSEVELT HIGH SCHOOL
FATHER 12. Name PHILLIP THORNTON AMMERMAN
13. Birthplace GREBBLE Co. (City, town, or county) OHIO (State or foreign country)
MOTHER 14. Maiden name ELIZABETH JEMIMA REAT
15. Birthplace GREBBLE Co (City, town, or county) OHIO (State or foreign country)
16. (a) Informant Mrs. O. J. Baltzer
(b) Address 860 Big Bend.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker Und. Co.
(b) Address Webster Groves, Mo.
19. (a) JAN 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1947 hour 4 minute PM.
21. I hereby certify that I attended the deceased from January 9, 1947 to January 15, 1947 that I last saw him alive on January 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 10 days
Due to chronic nephritis
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur W. Westhaf (M. D.)
Address 204 E Big Bend, Webster Date signed 1/17/47

(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.....

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

working under my personal supervision.

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address.....

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.