FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33875

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9087

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: 3220 Keokuk St., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 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. 3220 Keokuk St., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ella R. Ampleman,

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,

6. (b) Name of husband or wife Louis T.

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

7. Birth date of deceased July (Month) 22, (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Albert Oldenwalder,
13. Birthplace (City, town, or county) Germany, (State or foreign country)

MOTHER
14. Maiden name Lucy Martin,
15. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Agnes L. Ampleman,
(b) Address 3220 Keokuk St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 10/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery,

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

19. (a) OCT 20 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th year 1948 hour 8:00 minute A.M.

21. I hereby certify that I attended the deceased from 17 Oct 1948 to 18 Oct 1948 that I last saw her alive on 17 Oct 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	39 days
Due to	
Due to Hypertensive cardio vascular disease	1 yr +
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 William F. McClaine (M. D. or other) MD

Address 7619 a Forsyth St. Louis Mo. Date signed 19 Oct 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me, Registered Apprentice No. working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.