

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24508**
5707

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 6 d.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights, 4505			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.				e. STREET ADDRESS (If rural, give location) 7555 Dale Av.			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) John c. (Last) Ammon			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1950				
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH FEB-8-1877		9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months 4	IF UNDER 4 HRS. Days 22 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Auditor		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN AMMON		13b. MOTHER'S MAIDEN NAME MARY RISKER		14. NAME OF HUSBAND OR WIFE MARY-E-AMMON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. RR-RETIRED		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary E. Ammon 7555 Dale Av.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute gangrenous appendicitis - perforated 7 d.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia & rheum. heart dis.					
19a. DATE OF OPERATION 6/27/50		19b. MAJOR FINDINGS OF OPERATION Gangrenous appendicitis - localized perforated				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT = SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5501			
22. I hereby certify that I attended the deceased from June 27, 1950 , to June 30, 1950 , that I last saw the deceased alive on June 30, 1950 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE L. F. Winkler, M.D. (Degree or title)				23b. ADDRESS Missouri Pacific Hosp.		23c. DATE SIGNED 6/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-3-1950	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM		24d. LOCATION (City, town, or county) (State) ST LOUIS MO		
DATE REC'D BY LOCAL REG. JUL 1 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. DeLoach 6536 Clayton Rd. Rich 145 17 Mo			

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

Handwritten initials

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*

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Elton H. Remelius*

Licensed Embalmer No. *4283*

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.