

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34781

FILED OCT 23 1951

State File No. _____
Registrar's No. 8697

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN _____
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2139
d. STREET ADDRESS (If rural, give location) 5400 Arsenal St.

3. NAME OF DECEASED (Type or Print)
a. (First) ANTHONY b. (Middle) AMSLER c. (Last) AMSLER
4. DATE OF DEATH (Month) (Day) (Year) Oct 1 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 8. DATE OF BIRTH AUG. 19, 1885 9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME ADOLPH AMSLER 13b. MOTHER'S MAIDEN NAME EMMA KENTZER 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHERINE STODDARD 3732 NEBRASKA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cere bro vascular accident
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease 5 yrs. x
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H2VU

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Oct. 1, 1951, that I last saw the deceased alive on Oct. 1, 1951, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE T. Johnson M.D. (Degree or title) 23b. ADDRESS 5400 Arsenal St. 23c. DATE SIGNED 10/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE OCT. 3 1951 24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. OCT 2 1951 REGISTRAR'S SIGNATURE J. Paul Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuter 2906 Harris

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

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I I I I

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Samuel C. Hill

Signed.....

Student Embalmer. I . 30

Licensed Embalmer No. 43479

P. O. Address 2906 Havana

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.