

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38640

1003 State File No. 9803

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MISSOURI 2749	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2909 MISSOURI		d. STREET ADDRESS (If rural, give location) ST. LOUIS MO. 4	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA — b. (Middle) — c. (Last) AMANN			4. DATE OF DEATH (Month) (Day) (Year) NOV. 5 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 19 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) AUSTRIA 4		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME ADAM POTJE		13b. MOTHER'S MAIDEN NAME MARGARET GLATT		14. NAME OF HUSBAND OR WIFE NICHOLAS AMANN (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NICHOLAS AMANN AFFTON, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung			INTERVAL BETWEEN ONSET AND DEATH 2 mo
		ANTECEDENT CAUSES Morbidity 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. myocarditis adhesions & scars			1 yr 1 yr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X	

22. I hereby certify that I attended the deceased from 9-7 AM, 11/4, 1951, to 2:05 PM, 11/5, 1951, that I last saw the deceased dying on 11/4, 1951, and that death occurred at 4:20 AM, from the causes and on the date stated above.

23a. SIGNATURE Gustave Dahms M.D. (Degree or title)		23b. ADDRESS 1452 So. Grand		23c. DATE SIGNED 11-5-51	
24a. BURIAL, CREMATION REMOVAL		24b. DATE NOV. 8 1951		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	

DATE REC'D. BY LOCAL REG. NOV 5 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois	
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1452 J. Brand
Dec 22 1900
2:00 - 4:30 PM

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

Licensed Embalmer No. 43479

P. O. Address 2906 Harris

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.