

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26808**

FILED JUL 16 1952

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>STE. GENEVIEVE</u> <u>09.50</u>		b. CITY (if outside corporate limits, write RURAL and give township) <u>St. Genevieve Twp.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>2249</u>	
c. LENGTH OF STAY (in this place)		c. CITY (if outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		d. STREET ADDRESS <u>3643 Iowa Ave.</u>		d. (If rural, give location)	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) <u>HENRY</u>		b. (Middle) <u>JOHN</u>		c. (Last) <u>AMMEL</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 30, 1893</u>		9. AGE (In years last birthday) <u>58 years</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paperhanger</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Nicholas Ammel</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Boeing</u>	
14. NAME OF HUSBAND OR WIFE <u>Rose Ammel</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 1.</u>		16. SOCIAL SECURITY NO. <u>488-09-3698</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Ammel, 3643 Iowa Ave. St. Louis, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>DROWNING IN THE MISSISSIPPI RIVER</u>		ANTECEDENT CAUSES <u>RIVER</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>(VERDICT OF JURY)</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>E975X</u>		DUE TO (b)					
DUE TO (c)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Body Recovered July 11-1952</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>WEATHER BRIDGE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST LOUIS MO</u>			
21d. TIME OF INJURY <u>July 4 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>JUMPING OFF BRIDGE</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lee Bask</u>				23b. ADDRESS <u>St. Genevieve Mo.</u>		23c. DATE SIGNED <u>July 11 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 14, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REG <u>July 14-1952</u>		REGISTRAR'S SIGNATURE <u>Perce M. Karl-Stepo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Witt Bros. L. &amp; U. Co. 2929 S. Jefferson Ave</u>			
				ADDRESS <u>St. Louis, Mo</u>			

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

APR 9 1954

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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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Harold C. With*

Licensed Embalmer No. 4353

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.