

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23401

FILED AUG 4 - 1955

State File No. ....

BIRTH NO. 59027-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6076

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO</u>		c. CITY OR TOWN <u>APPTON 4821</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp.</u> STREET ADDRESS (If rural, give location) <u>9826 HUNTINGDON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY BOY</u> b. (Middle) <u>AMANN</u> c. (Last) <u>AMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED; NEVER MARRIED; WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>JULY 14 1955</u>		9. AGE (In years last birthday) <u>—</u>		10. UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>- NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>NICK AMANN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH BANJAI</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>NICK AMANN</u> ADDRESS <u>APPTON MO</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b)			
Morbidity 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 <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? <u>776X</u>	

22. I hereby certify that I attended the deceased from 7-14, 1955, to 7-14, 1955, that I last saw the deceased alive on 7-14, 1955, and that death occurred at 9:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>R Bergman</u> (Degree or title)		23b. ADDRESS <u>3203 1/2 Grand Ave. St. Louis 14 Mo.</u>		23c. DATE SIGNED <u>7-14 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JULY 14 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO, MO</u>					

DATE REC'D BY LOCAL REG. <u>JUL 14 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kute</u> ADDRESS <u>2906 Gravois</u>	
---	--	--	--	---	--

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

9-30 a.m.

— 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 ....., Student Embalmer No. .... working under my personal supervision..

*not embalmed*

Student.....  
Signature of Student Embalmer

Signed *Leo J. Budd*.....

Licensed Embalmer No. *39*  
P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.