

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

State File No. **9839**
 Registrar's No. **1659**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9839		Registrar's No. 1659					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Flower Convalescent Home				e. STREET ADDRESS (If rural, give location) 2237 2500 South 18th Street									
3. NAME OF DECEASED (Type or Print) a. (First) Josephine			b. (Middle) _____			c. (Last) Ameis			4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1957				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 25, 1871		9. AGE (in years last birthday) 85		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) Homemaker				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Frederick Ameis				13b. MOTHER'S MAIDEN NAME Crythina Hermann				14. NAME OF HUSBAND OR WIFE Never married					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Bertha Hermann, 4211 Hartford Street							
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 3 days					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis						10 yrs					
		DUE TO (c) Chronic nephritis						3 yrs					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 4/22-1						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from June 19 56 to Feb 16 , 19 57 , that I last saw the deceased alive on Feb 16 , 19 57 , and that death occurred at 2 PM m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Kipper Blumpe MD						23b. ADDRESS 39 33rd Street			23c. DATE SIGNED Feb 18/57				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 19 1957		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri							
DATE REC'D BY LOCAL REG. FEB 18 '57		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av							

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

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

Student.....
Signature of Student Embalmer

Signed.....
Edwin W. Hays

Licensed Embalmer No. *3727*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.