38580

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2309

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Heights — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St.Mary's Hospital — Length of stay in 1b 5-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3721a Garfield Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Lillian Middle Marie Last Ammons

4. DATE OF DEATH Month Day Year Sept.16,1957

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb.21,1930
9. AGE (In years last birthday) 27 — IF UNDER 1 YEAR Months 6 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-Bookeeper-Albrecht Liquior Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Red Bay,Ala.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Johnson
13b. MOTHER'S MAIDEN NAME Anna Fay Frazier
14. NAME OF HUSBAND OR WIFE Mr.Glenn Ammons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-28-2888
17. INFORMANT Mr.Glenn Ammons, Address 3721a Garfield Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo.

21. I attended the deceased from 9/12/57, to 9/16/57 and last saw her/him alive on 9/16/57.
Death occurred at 10:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R Mueller MD
22b. ADDRESS 416 Lindell
22c. DATE SIGNED 9/17/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept.20,1957
23c. NAME OF CEMETERY OR CREMATORY Mt.Lebanon Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis County Mo.

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3000 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 9-18-57
26. REGISTRAR'S SIGNATURE Herbert R Donnelly MD asc

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

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.