

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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60-017669

FILED VS. MAY 6 1960 317

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1314

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Zt. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Length of stay in 1b 9 yrs		c. CITY OR TOWN MINNISTON Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Knoll Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 37 N Clark		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CLEMENTINE Middle AMELING Last				4. DATE OF DEATH Month April Day 19 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/9/63		9. AGE (last birthday) 96		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Hermann, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Fred Gaebler				13b. MOTHER'S MAIDEN NAME Wilhelmina Ronneberger				14. NAME OF HUSBAND OR WIFE Charles Ameling (Dec'd.)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Chas. Boeger, 118 Mitchell, Kirkwood, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular disease										INTERVAL BETWEEN ONSET AND DEATH unknown			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from March 5, 1951 to April 19, 1960 and last saw her alive on 4/19/60 Death occurred at 5:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Lewis Lutzmann MD				22b. ADDRESS 8231 Clayton Rd (17)				22c. DATE SIGNED 4/20/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/22/60		23c. NAME OF CEMETERY OR CREMATORY E & R. Cemetery		23d. LOCATION (City, town, or county) (State) Mo. Kirkwood, Mo.							
24. FUNERAL DIRECTOR ADDRESS Louis H. Hoff, Inc. Kirkwood, Mo.				25. DATE RECD. BY LOCAL REG. 4-21-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Wyland

Licensed Embalmer No. 4577

P. O. Address Kirkwood

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.