MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
11524

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. L. Primary Registration District No. 1003

City St. Louis Mo. (No. Mo. Baptist St. ..... Ward)

File No. ..... Registered No. 3368

2. FULL NAME Amelia E. Kugler

(a) Residence. No. 4469 Delmar Ave. St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 - 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	10	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Not Known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT John A. Kugler
(Address) 15215 Stoffanie

15. FILED MAR 26 1928 Mary Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 - 1928.

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to March 22, 1928 that I last saw h. alive on March 21 - 1928, and that death occurred, on the date stated above, at 1:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis, pneumococcic basic
N.C.U. 776
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute otitis media
(duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 1st 1928
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Samuel B. Grant, M. D
3/23, 1928 (Address) 3720 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Missouri Crematory	3-25-1928.

20. UNDERTAKER	ADDRESS
Ziegenheim Bros.	2623 Chouteau St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.