

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

Do not use this space.

26632

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Mo. Baptist Sanitarium)

File No.

Registered No. 7903

St. Ward)

2. FULL NAME

Mrs. Amelia L. Ernest

(a) Residence. No. 6101 Plymouth St. 5 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

7.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/29 1929

17. I HEREBY CERTIFY, That I attended deceased from 7/28, 1929, to 7/29, 1929 that I last saw her alive on 7/24, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Thrombosis of mesentery
(duration) yrs. mos. ds.
Chronic myocarditis
CONTRIBUTORY (SECONDARY)
Exploratory Operation of abdomen to find out cause of ailment
(duration) yrs. mos. ds.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work. 930
(b) General nature of industry, business, or establishment in which employed (or employer) 99
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio.

10. NAME OF FATHER August Wallavitz

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

12. MAIDEN NAME OF MOTHER Mary Humel

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

14. INFORMANT Miss. Mae Ernest
(Address) 6101 Plymouth

15. FILED 7/31 1929 May C. Stanley REGISTRAR

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 6131 Plymouth
DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/29-29

WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Operative
(Signed) John P. ..., M. D.
7/30, 1929 (Address) 1492 Rodian

*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 ST. Peter's Cemetery DATE OF BURIAL 7/31 1929

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton Ave.

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.

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