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

Do not use this space.

32245

File No. 9311

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Infirmary St. Ward)

Registration District No. 79

Primary Registration District No. 1003

2. FULL NAME Jacob Amery

(a) Residence. No. 5800 Arsenal St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 6, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	5	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(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) Germany

PARENTS
10. NAME OF FATHER Jacob Amery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Steginburger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Effinger
(Address) 5800 Arsenal St

15. FILED SEP 19 1929, 19 Mary C Forlen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929, to 9-14, 1929, that I last saw h. l. M. alive on 9-14, 1929, and that death occurred, on the date stated above, at 7:13 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
87B
3 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pyuretic Angina
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Sign only
(Signed) C C Ratcliff, M. D.
9-14, 1929 (Address) 5800 Arsenal

*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 Calvary Cemetery — DATE OF BURIAL Sept 18 1929

20. UNDERTAKER H H Feeken L & U Co — ADDRESS 28 N Newstead

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.

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

231
10