

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

Do not use this space.

6186

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 203
 City St. Louis, (No. Home for the Aged). St. _____ Ward _____

File No. _____
 Registered No. 1213

2. FULL NAME Carrie Ammons
 (a) Residence, No. 3400 So. Grand Blvd. St. 16 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know. 1860
7. AGE YEARS 71 MONTHS None known DAYS _____
 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. House work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation.** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME John Ammons.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Sister Jeanie, 3400 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL SS, Peter & Paul Cem. Feb. 6, 1937.

19. UNDERTAKER (ADDRESS) J. J. Kubken L. & Co, 2842 Meramec Street.

20. FILED FEB 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19 1937
22. I HEREBY CERTIFY, That I attended the deceased from Jan 24 1937 to Feb 4 1937
 I last saw him alive on Feb 4 1937. Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:
82A
97
Cerebral hemorrhage
 Other contributory causes of importance:
Arteriosclerosis

Name of operation 82A Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? (C) Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Arteriosclerosis, M. D.
 (Signed) _____ (Address) 3400 S. Grand

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.

