

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

Do not use this space.

37830

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 4253, Minnesota Ave) St. Ward

File No.....
Registered No. 10531

2. FULL NAME Theresa Ammann

(a) Residence, No. 4253 Minnesota St., 15 Ward.

(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? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, hrs. or min.
	<u>71</u>	<u>8</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Unknown Europe

13. NAME Unknown Alengel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Europe

17. INFORMANT Ferdinand J. Ammann (ADDRESS) 4253 Minnesota Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Park DATE 11-29-32

19. UNDERTAKER Briegleb's Mortuaries (ADDRESS) 4228 St. Louis Ave

20. FILED NOV 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1932

I HEREBY CERTIFY, That I attended deceased from June 14th, 1932, to Nov 26th, 1932.
Last saw her alive on November 24th, 1932. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis - Hypertension
828 877 182

Date of onset
6/14/32
8/1/32

Other contributory causes of importance:

Cerebral Hemorrhage 8/2/32

Name of operation None Date of.....
What test confirmed diagnosis? Phys finding Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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? No
If so, specify.....

(Signed) August E. Nicholson M. D.
(Address) 1619 1/2 Belmont Park

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.

Wielman
.6194 Delmar 1-3