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.

APR 28 1933

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

Do not use this space.

10956

1. PLACE OF DEATH

96 County St Louis — Registration District No. 989 — File No.

Township Central Normandy — Primary Registration District No. 60333 — Registered No. 75

City (No. 7221 Normandy Pl St. Ward)

2. FULL NAME Dr Frederick C. Ameiss

(a) Residence, No. 7221 Normandy Pl St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17-1859

7. AGE: YEARS 74 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Dania Ameiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Elizabeth Eckert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Theresa Elliott 7221 Normandy Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cremation DATE: May 21, 1933

19. UNDERTAKER (ADDRESS): A Kron Lill Co 2707 N. Grand Bl

20. FILED 3-20-, 1933 Jolla Bracy M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1930, to March 19, 1933
I last saw him alive on March 19, 1933. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
46B	
91B	
Pernicious anemia	1930
Other contributory causes of importance: Carcinoma stomach	Sept 1931
46B	

Name of operation: none — Date of
What test confirmed diagnosis? — Was there an autopsy? yes

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) Herman Hunser, M. D.
(Address) 3651 Delmar Blvd.