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

Do not use this space.

14766

File No. 3275

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 1934 Adelaide ave St. Ward)

Registration District No. 7001

Primary Registration District No.

2. FULL NAME Johanna L. Ameling

(a) Residence, No. 1934 Adelaide ave St., 9 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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis H. Ameling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 3 - 1874

7. AGE: Years 58 | Months 7 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

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): Germany

FATHER

13. NAME: Wm. Weithamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Louis H. Ameling, 1934 Adelaide ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Friedens DATE: April 10, 1933

19. UNDERTAKER (ADDRESS): H. J. Leidner Undt Co, 1417 N. Market St.

20. FILED: APR -9 1933, 19 Clay C. Starbird Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1932 to 4/8, 1933

I last saw her alive on 4/7, 1933. Death is said to have occurred on the date stated above, at 12 A.m.

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

Acute Dilatation of Heart — Date of onset 4/7/33

Other contributory causes of importance: Chronic Myocarditis — 11/18/32

Name of operation: none Date of

What test confirmed diagnosis: Symptoms. 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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Chas. P. Martin, M. D.

(Address) 3903 Lee 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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2

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