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.

SEP 26 1933

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

Do not use this space.

27485

1. PLACE OF DEATH
County St Louis — Registration District No. 784 — File No.
Township — Primary Registration District No. 6030 — Registered No.
City Ferguson (No. 103 Hereford Av Jennings Mo St. Ward)

2. FULL NAME Amelia Lamothe
(a) Residence, No. 103 Hereford Av Jennings Mo St. 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 Charles L.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1862

7. AGE — YEARS 71 — MONTHS 5 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Indpls Ind

FATHER
13. NAME Unknown Staube
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Chas. R. Delkeskamp 5475 Cabanne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Aug 22, 1933

19. UNDERTAKER (ADDRESS) Akron Undtkg Co 2707 N Grand Blvd

20. FILED Aug 22d, 1933 Emma J Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1933, to Aug 19, 1933
I last saw her alive on Aug 18, 1933 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:
Gastric Ulcer — Date of onset
Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? X ray — 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) Wm S Barker M. D.
(Address) 229 Metropolitan Bldg St Louis Mo