WHITE 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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2571

Township ..... Primary Registration District No. 1003 Registered No. 163

City St Louis Mo (No. 2341 Esther Ave St. ..... Ward)

2. FULL NAME Lillian Amacher

(a) Residence, No. 2341 Esther St., 3 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 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 Laurence Amacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1870

7. AGE Years 63. Months 2. Days 3. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Murrayville Ill

FATHER
13. NAME Wm J. Murray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murrayville Ill

MOTHER
15. MAIDEN NAME Martha Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Griggsville Ill

17. INFORMANT (ADDRESS) Laurence Amacher 2341 Esther Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Jan 5 1934

19. UNDERTAKER (ADDRESS) Edith E Ambruster 4234 Manchester

20. FILED JAN - 5 1934 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1932, to Jan 2, 1934
I last saw her alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| (1) Myocarditis (Chronic) | 8-18-32 |
| (2) Acute Cardiac Dilitation | |
| 93E | |
| 95B | |

Other contributory causes of importance:

93C

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) H. F. Cleveland, M. D.
(Address) 5930 Southwest Av

5930 A. Wise