

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

Do not use this space.

MAY 13 1935

14675

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **St. Lukes Hosp.**) St. .... Ward)

File No.....  
Registered No. **3511**  
St. .... Ward)

**2. FULL NAME**

**Juanita B. Ames**  
(a) Residence No. **4742 Plover** St., **7** Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Female** 4. COLOR OR RACE **Wh.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Audie G. Ames**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 18, 1904**

7. AGE YEARS **31** MONTHS **2** DAYS **29** If LESS than 1 day, hrs. or mts.

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. **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) **Iowa**

FATHER 13. NAME **John Bander**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Audie G. Ames 4742 Plover**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calhoun Mo. DATE April 18 1935**

19. UNDERTAKER (ADDRESS) **Chas. T. Stuart 1225 Union Blvd**

20. FILED **APR 18 1935** Registrar **J. Bredeck**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 17 1935**

22. I HEREBY CERTIFY, That I attended deceased from **April 12<sup>th</sup>** 19**35**, to **April 17**, 19**35**  
I last saw h. & a. alive on **April 17**, 19**35** Death is said to have occurred on the date stated above, at **2:30 P.M.**  
The principal cause of death and related causes of importance were as follows:

**General peritonitis**  
**Non puerperal, non venereal**  
**cause unknown**  
Date of onset **April 1935**  
**13961**

Other contributory causes of importance:  
**Ryosalpinx right, peristaltic?**  
**Non puerperal, non venereal, Cause unknown**  
**Salpingitis of (left?)**

Name of operation..... Date of operation **April 17**  
What test confirmed diagnosis?..... 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? **no**  
If so, specify **Edmund Schmidtke** M. D.  
(Signed) **Edmund Schmidtke** M. D.  
(Address) **3720 Washington St. St. Louis**

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 21 1960