

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.

MAR 25 1936

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

Do not use this space.

7368

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township St. Charles

Primary Registration District No. 3036

City St. Charles

(No. St. Joe Hospital)

File No. _____

Registered No. 78

St. _____ Ward _____

2. FULL NAME

Ruth Clara Esther Amrein

(a) Residence, No. Postage Des Moines 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Charles Mo. (STATE OR COUNTRY)

13. NAME Alvin Amrein

14. BIRTHPLACE (CITY OR TOWN) St. Charles Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Edna Ostmann

16. BIRTHPLACE (CITY OR TOWN) St. Charles Mo. (STATE OR COUNTRY)

17. INFORMANT Alvin Amrein (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Postage Cemetery DATE Feb 29 1936

19. UNDERTAKER Hachmann - Bane (ADDRESS) St. Charles Mo.

20. FILED 7/20 1936 Clarence G. Hester Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1936, to 2/19, 1936

I last saw him alive on 2/19, 1936 Death is said to have occurred on the date stated above, at 9:15 m.

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

Prematurity 7mo

Date of onset

Other contributory causes of importance:

Indeterminate
bronchopneumonia(?)

Name of operation no Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 1936

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 no

Nature of injury _____

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

If so, specify _____

(Signed) R. O. Snyder, M. D.

(Address) St. Charles Mo

