

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

Do not use this space.

NOV 4 1936

39153

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS** (No. **4659 DELMAR BLVD.**) St. **12** Ward.

File No.....
Registered No. **10184**
St. Ward)

2. FULL NAME

MATTIE J. AMERMAN
(a) Residence, No. **5015 PAGE BLVD.** St. **12** 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) **WIDOW**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **CJARLES W. AMERMAN**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MCH. 22, 1861**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75yrs 6 16

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) **CINCINNATI OHIO**

13. NAME **WM. HILL**

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

15. MAIDEN NAME **UNKNOWN**

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

17. INFORMANT **Irene V. Amerman** (ADDRESS) **5015 PAGE BLVD.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PETER'S CEM.** DATE **OCT. 10**, 19**36**

19. UNDERTAKER **PEETZ BROS.** (ADDRESS) **3029 LAFAYETTE AVE.**

20. FILED **OCT 9 1936** **J. P. Bredeek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT. 8 .1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 27**, 19**36**, to **Oct 8**, 19**36**.
I last saw her alive on **Oct. 8**, 19**36**. Death is said to have occurred on the date stated above, at **3.15a.m.**
The principal cause of death and related causes of importance were as follows:

Date of onset
Lobar Pneumonia
108
Other contributory causes of importance:
Cerebral thrombosis
Nephritis

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 **E. J. P. Smith**, M. D.
(Signed) **4659 Delmar**
(Address)

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.

Dr. Jennie Smith

4659 Nelson Road