APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH
County Missouri — Registration District No. 791 — File No. 10222
Township — Primary Registration District No. 1003 — Registered No. 2788
City St. Louis (No. Lutheran Hospital St. Ward)

2. FULL NAME Ammie Chattillion
(a) Residence, No. 2132 Allen ave. St., 23 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 August
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1874
7. AGE YEARS 62 MONTHS 10 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Housework
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) Switzerland

FATHER
13. NAME Daniel Flotiron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

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

17. INFORMANT (ADDRESS) Aug. Chattillion 2132 Allen ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE March 12, 1937
19. UNDERTAKER (ADDRESS) John A. Gentemann 5077 Dugant ave.
20. FILED MAR 11 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937, to March 9, 1937
I last saw her alive on March 9, 1937 Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to Peritonitis	24 hrs

126

Other contributory causes of importance:
Cholecystectomy for stones — yrs.

Name of operation Cholecystectomy Date of Mar. 9-37
What test confirmed diagnosis? Physical exam Was there an autopsy? yes

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) J. Lewis Hutton, M. D.
(Address) 902 So. Side Nat. Bank Bldg.

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 [illegible]

Grand & Thomas

Bank Bldg.

2-5