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.

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

Do not use this space.

JUL 8 - 1937

791

1003

File No. 22169

Registered No. 5921

1. PLACE OF DEATH

County ..... Registration District No. ..... Township ..... Primary Registration District No. .....

City St. Louis (No. 1410 South 18th St. St. ..... Ward)

2. FULL NAME Jacob Amrhein

(a) Residence, No. 1410 South 18th St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

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. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Adam Amrhein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Charlotte Bowinkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Bertha G. AMrhein (ADDRESS) 1410 South 18th

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE June 18, 1937

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave

20. FILED ..... 19 ..... J. H. Bredeck Registrar.

JUN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1937, to June 15, 1937

I last saw him alive on June 15, 1937 Death is said to have occurred on the date stated above, at 3:50 P. M.

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

	Date of onset
apoplexy	3/3/37
Other contributory causes of importance:	
Fracture of Femur	5/7/36

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury 5/7, 1936

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home fell due to

Manner of injury a slippery dirty floor

Nature of injury Fracture of Femur

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

If so, specify .....

(Signed) Hearne Cleary, M. D.

(Address) 1935 Park