

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

36351
 Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. 11003
 (c) City St. Louis (d) Street No. St. Johns Hospital Registered No. 9928
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Amschler 2 Rattle Illinois
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. RA (If nonresident, give city or town and State)

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 John Amschler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 15

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

9. Industry or business in which work was done, as 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) Germany

13. NAME Fred Rathjen

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

15. MAIDEN NAME Dont know

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

17. INFORMANT Mrs. John Amschler
 (ADDRESS) Rattle Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Rattle, Illinois DATE October 28, 1937

19. FUNERAL DIRECTOR Geo. L. Pleitach Inc.
 (ADDRESS) 5864 Easton Ave

20. FILED OCT 26 1937
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937 to Oct 25, 1937
 I last saw her alive on Oct 25, 1937 Death is said to have occurred on the date stated above, at 2:40 P. M.
 The principal cause of death and related causes of importance were as follows:
Chr. interstitial nephritis
Chr. myocarditis
Arteriosclerosis general.

Other contributory causes of importance:
Chr. myocarditis
Arteriosclerosis general.

Name of operation Date of
 What test confirmed diagnosis? Usual Was there an autopsy? No

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 SP. 94464
 (Signed) J. Bredeck M. D.
 (Address) 607 N. Grand 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.

OCCUPATION 10
 FATHER 10
 MOTHER 10

Dr. J. H. Howard
University Club Bldg.
2 to 3

Jefferson 7324

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 9367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 9367

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)