DEC 28 1937

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

Do not use this space.

File No. 42311

Registered No. 186

1. PLACE OF DEATH
County St Charles — Registration District No. 757
Township St Charles — Primary Registration District No. 5998
City St Peters Mo (No. ..... St. ..... Ward)

2. FULL NAME LEONARD J. AMPTMANN.
(a) Residence, No. 2100 West Clay St. St Charles Mo (Usual place of abode) St., Ward.
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23rd 1893

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 44 | 2 | 13 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Proprietor
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) (STATE OR COUNTRY) Dardenne Mo

FATHER
13. NAME Joseph Amptmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville Mo.

MOTHER
15. MAIDEN NAME Julia De Roy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT (ADDRESS) Julius De Roy St Charles Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Borromeo Cemetary DATE 11/10/37
19. UNDERTAKER (ADDRESS) H. L. Dallmeyer & Sons Inc 600 N 2nd St Charles Mo
20. FILED 11/8 1937 Clarence H. Wessel Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-37 , 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest., 19, to 11-6-37, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.30 m. PM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Skull Fracture and lacerations of the brain. | |
| Other contributory causes of importance: | |
| Passenger in Automobile Collision. | |

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 11-5-37
Where did injury occur? U.S. Highway 40 St. Peters Mo (Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
U.S. Highway 40
Manner of injury Automobile Collision.
Nature of injury Skull injuries.

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

(Signed) John A Buse
(Address) Coroner of St. Charles Co. Mo.

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.