JUL 5 1938
REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City
Registration District No. 784
Primary Registration District No. 200
(No. U.S. Veterans Hospital. St. Ward)
File No. 23011
Registered No. 1154

2. FULL NAME Amann, Andrew 550
(a) Residence, No. 3437-A Iowa Ave., St., Ward. St. Louis, Missouri.
(Usual place of abode) (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: male
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: Mrs. Grace Amann,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1889
7. AGE: 49 YEARS; MONTHS: 2; DAYS: 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sta. Engineer
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): unkn
11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri. 0

FATHER
13. NAME: Unknown. 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. 9

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

17. INFORMANT (ADDRESS): M. Schilling Clinical Clerk VAF, Jefferson Bks., Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE July 5th, 1938.
19. UNDERTAKER (ADDRESS): Ziegenheim Undertaking Co., 2623 St. Louis, Missouri.
20. FILED JUL 5 1938 Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1938.
22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938., to July 1, 1938.
I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
T.B. pulmonary, chronic, far advanced, active.	unkn.

23 K

Other contributory causes of importance:
None.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.
Phys. exam., x-rays & Laboratory.
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 .....
(Signed) C.W. Hughes, M.D., Ch. Med. Off., M. D.
(Address) VAF, Jefferson Bks., Mo.

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.

FEB 13 1947

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