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.

REC'D OCT 12 1938

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

30913
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8350

(c) City St. Louis (d) Street No. 6009 Etzel Ave. St.

(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 Frank R. Amlar 5 1/2

(a) Residence, No. 6009 Etzel Ave. St. 5

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Catherine Amlar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: City Mngr.

9. Industry or business in which work was done, as saw mill, bank, etc.: Meyers Bros. Drug Co.

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): Michigan

FATHER

13. NAME: Samuel Amlar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

MOTHER

15. MAIDEN NAME: Unknown Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

17. INFORMANT: Mrs. Catherine Amlar
(ADDRESS) 6009 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept. 26, 1938

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED SEP 24 1938 J. L. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-17- 1938, to 9-22- 1938

I last saw him alive on 9-22-38, 19..... Death is said to have occurred on the date stated above, at 2 pm.

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

BRONCHOPNEUMONIA — Date of onset 9/15/38

Other contributory causes of importance:

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 .....

(Signed) J. O. Murray M. D.

(Address) 608 Kingsland - St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Stanley March Lewis

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

If this body is not embalmed, above space should be left blank.