DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33947

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 86

Filed NOV 16 1940

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.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2527a University St 20 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 77 yrs. 10mos 18das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2527a University St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Josephine Amsinger

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Amsinger

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov. 30, 1862 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Vierling
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Wallace Amsinger
(b) Address 2527a University

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Scotten Goodhart
(b) Address 2228 St. Louis Ave

19. (a) OCT 20 1940 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan. 4th, 19 40, to Oct 18, 19 40, that I last saw h alive on Oct 18, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 day
Due to Cardio Renal Disease	years
Due to Gall Bladder Disease Unknown as to stones	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury

23. Signature Arthur Lundeen (M. D. or other) M.D.
Address 210 Lawrence Date signed 10/19/40

(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. Marion J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis Mo

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

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