

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

Do not use this space.

39608

1. PLACE OF DEATH

County St. Charles
Township Cuivre
City Foristell (No. 2)

Registration District No. 11

Primary Registration District No. 11

File No. 39608
Registered No. 39608
St. Foristell Ward 0

2. FULL NAME Florena Amrein

(a) Residence, No. Foristell RR 0 St. Foristell Ward 0

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Foristell Mo
(STATE OR COUNTRY)

13. NAME Joseph Amrein

14. BIRTHPLACE (CITY OR TOWN) O'Fallon Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Scheirmair

16. BIRTHPLACE (CITY OR TOWN) Warrenton Mo
(STATE OR COUNTRY)

17. INFORMANT Joseph Amrein
(ADDRESS) Foristell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wentzville Mo DATE Nov. 22 1940

19. UNDERTAKER E. A. Keithly
(ADDRESS) O'Fallon Mo.

20. FILED 12/3/40 Gertrude S. Foristell
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1940 to Nov. 19 1940
I last saw him alive on 11/19, 1940 Death is said

to have occurred on the date stated above, at 9/15 P.
The principal cause of death and related causes of importance were as follows:

arteritis atherosclerotic Myocardial Degeneration 1925

Other contributory causes of importance: ABC

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. C. Mc Murray M. D.
(Address) Wentzville, Mo.

