

REG. AUG 15 1941
Registration District No. 57

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1822 N. Fourth Street
(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

3. (a) PRINT FULL NAME Margaret Amptmann

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / race White 5. Color or White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Amptmann 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 31 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Portage Des Sioux, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Frank Diller

13. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Amptmann

(b) Address 1822 N. Fourth, St. Charles, Mo.

17. (a) Burial (b) Date thereof June 7 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery, St. Charles

18. (a) Signature of funeral director H. C. Dallmeier, Son, Mo.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 6-5-41 (b) Clarine E. Mueller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1822 N. Second St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1941 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from December 30 1940 to June 4 1941;
that I last saw her alive on June 4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 6 mos

Due to rheumatic heart disease 2 years?

Due to 96B

Other conditions bronchial asthma 5 years?
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: No
(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 George E. Kister (M. D. or other) MD

Address St. Charles, Mo Date signed 6/5/41

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.....

John E. Dallmeier

Licensed Embalmer No. *2951*

P. O. Address *St Charles Mo*

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

If this body is not embalmed, fact should be so stated above.