V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4039

Registrar's No. 1150

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Masonic Home Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs - 9 Mos. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12 000 11 9 0

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

(d) Street No. 5351 Delmar
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Tony Amann

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex m

5. Color or race W

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

6. (b) Name of husband or wife Jean Mayberry

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	18	hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business City Hospital

FATHER
12. Name Benhardt Amann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Rose Gust
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) FEB 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3. year 1942 hour 6. 45 minute A. M.

21. I hereby certify that I attended the deceased from May 7. 1938, 19, to February 3. 1942, 19, that I last saw him alive on Feb. 2. 1942. 19, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease (Aortic Insufficiency) — Duration 3 yrs

Due to

Due to

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 Lohing Cameron (M. D. or other)

Address 5078 Bernard Blvd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

PE-0337

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 Raymond L. Morris, Registered Apprentice No. 290, working under my personal supervision.

Signed J. E. McCullock

Licensed Embalmer No. 2460

P. O. Address 61708 Elmo

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.