

FILED MAR 24 1942
Registration District No. **791**

Primary Registration District No. **1003**

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: City Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hr.
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3007 Gasconade
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob Amsler

3. (b) If veteran, name war no 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Nanny 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Sept. 9 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 14 1942 to Mar. 4 1942
that I last saw him alive on Mar. 4 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret. City Emp.

11. Industry or business _____

MOTHER { 12. Name Unknown

FATHER { 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Nanny Amsler
(b) Address 3007 Gasconade

17. (a) Burial (b) Date thereof 3-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director J. F. Schumacher
(b) Address 3013 Menamec St.

19. (a) MAR 5 - 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic Myocarditis Duration 3 Mos.

Due to asthma arterial sclerosis 8 Mos.

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 Ralph Thompson (M. D. or other) M.D.
Address 3606 Francis Date signed 3/3/42

3606 Arkansas

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.....

Clarence Pochow

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Pochow

Licensed Embalmer No.

3093

P. O. Address

3013 Melrose

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.