S. No. 2
M—9-4-41
7. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15927

State File No. 4979

Registration District No. FILED JUN 22 1942 791

Primary Registration District No. 1003

Registrar's No.

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: 2844 Michigan Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000 17 9

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

(d) Street No. 2844 Michigan Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Louise Amacher

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Christ

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

7. Birth date of deceased November (Month) 29 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	8	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation house-wife

11. Industry or business At Home

FATHER
12. Name Pete Lang
13. Birthplace France (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Clyde A. Pendleton

(b) Address 2844 Michigan Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-9-42 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director A W McLaughlin

(b) Address 2301 Lafayette avenue

19. (a) JUN 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 - year 1942 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from 8/29, 1941, to 6/7, 1942, that I last saw her alive on 5/26, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma - adeno. Left breast.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	
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 0

23. Signature John L. Luemler (M. D. or other) MD

Address 1504 So Grand Date signed 6/8/42

844 (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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.