

FILED DEC 10 1942
Registration District No. **184**

Primary Registration District No. **101**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **St. Louis County Hospital**
 (If outside city or town limits, write "RURAL" and name of township)
 Name of hospital or institution: **St. Clayton**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME **Herbert Amelung**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-01-2461**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Sep. Div**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **May 2 1905**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	6	7	hr. min.

9. Birthplace: **Pilot Knob Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation: **Asst. Supt.**
 11. Industry or business: **Pioneer selica Und. Co.**
 12. Name: **Hermen Amelung**
 13. Birthplace: **Pilot Knob, Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **Mary Chlueter**
 15. Birthplace: **Pilot Knob Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Edna Hall**
 (b) Address: **Pilot Knob, Mo.**
 17. (a) **Burial** (b) Date thereof: **11-14-1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **Ironton Mo**
 18. (a) Signature of funeral director: **Norman White Und. Co.**
 (b) Address: **Ironton, Mo.**
 19. (a) **NOV 11 1942** (b) **C. S. McFarland**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **36**
 (a) State **Missouri** (b) County **2**
 (c) City or town **Pacific** (If outside city or town limits, write "RURAL") **11**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **NOV.** day **9**
 year **1942** hour **4:15** minute **P** M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Injured while driving with another auto. on a public highway.**
 Due to _____

Due to **Multiple fractures, contusions & lacerations; Sub-arachnoid hemorrhage;**
 Other conditions **Pneumonia.**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy **Yes.**
 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): **Accident 135**
 (b) Date of occurrence: **Nov. 7, 1942**
 (c) Where did injury occur? **Webster Groves, Mo.**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 (Specify type of place)
 While at work? _____ (a) Means of injury: _____
 23. Signature: **John M. Meyer Deputy Coroner**
 Address: **Barkwood, Mo. 11/11/42** (M, D, or other)
 Date signed _____

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 M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address. *Kirkwood, 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.