

No. 2  
-2-43  
17-39  
X35697

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 20 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 189

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:  
St. Johns Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

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

(d) Street No. 4616 Lindell Blv'd.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edna Irene Ammon.

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 Married

6. (b) Name of husband or wife Ed Ammon.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 20, 1893.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50. 4. 17. hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Frank Eldridge.

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

14. Maiden name Lena Yoder.

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

16. (a) Informant Ed Ammon.

(b) Address 4616 Lindell Blv'd.

17. (a) Removal. (b) Date thereof 1/8/44.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Missouri

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) JAN 7 1948 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7th  
year 1944 hour 8 minute 6 M.

21. I hereby certify that I attended the deceased from July 10, 1943 to Jan. 7, 1944  
that I last saw her alive on July 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Rheumatic Mitral Valve Disease  
Due to Rheumatic Fever  
Due to Coronal Hypertrophy 3 mos  
General Anasarca 1 mo

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
6 mos

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature J. F. Brueck (M. D. or other) \_\_\_\_\_  
Address 43146 West Blue 132 Date signed 1-7-44

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

MOTHER, FATHER

439d/Most Pure  
12 to 3 P.M.  
JE-1340

**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 Clarence H. Murray

Licensed Embalmer No. 404

P. O. Address St. Louis, 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.**