

FILED MAR 13 1944 318

Registration District No. 318 Primary Registration District No. 1003

State File No. 2171
Registrar's No. 2171

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:
2932 S 13th St / /
(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 40 Years In St. Louis.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 2922 S. 13th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE AMANN SR.

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

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

6. (b) Name of husband or wife Barbara Aman 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 15 1869
(Month) (Day) (Year)

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

74 5 18 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business _____

12. Name ANTON AMAN

13. Birthplace YUGO SLAAVIA (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Joseph Aman

(b) Address 3943 Virginia Ave.

17. (a) BURIAL (b) Date thereof 3/6/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS PETER K PAUL CEM.

18. (a) Signature of funeral director Miss. Lutes & Son

(b) Address 2906 Grand

19. (a) MAR 5 1944 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1944 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from 1-10-43 1943 to 3-4 1944 that I last saw him alive on 3/1/44 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Neuroblast (recurrent) Duration 1 da.

Due to 1/31

Due to Chronic Intestinal Perforations 1 yr

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. Gustavus Dahms (M. D. or other) Address 1402 So Grand Date signed 3-4-44

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

MOTHER FATHER

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..... *Ernest W. Spillens*

Licensed Embalmer No..... *4080*

P. O. Address.....

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.