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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1944

Registration District No. 3

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15700

Primary Registration District No. 3069

Registrar's No. 902

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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 St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7261 Northmoor
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME William E. Amend

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased April (Month) 20 (Day) 1883 (Year)

8. AGE: Years 60 Months 11 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Rate Clerk

11. Industry or business Santa Fe R.R.

FATHER
12. Name John Amend
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Whealen
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Margaret Amend
(b) Address 7261 Northmoor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) APR 17 1944 (Date received local registrar) (b) E. G. McGovran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 44 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 8, 1944 to April 13, 1944
that I last saw him alive on April 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia — Duration 2 days

Due to Chronic Myocarditis — 6 mo.

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 108
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 J. W. Macdonald (M. D. ~~or other~~)
Address 5139 N. Grand Date signed 4-14-44

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1944

AUG 24 1944

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.