. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19434

FILED JUN 23 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5357

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2125a Madison 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) 1

In this community 76 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2125a Madison St. (If rural, give location)

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

If yes, name country n

2000 209

3. (a) PRINT FULL NAME Mr. Frank Amsinger

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April (Month) 19th (Day) 1863 (Year)

8. AGE: Years 81 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Kate Amsinger

(b) Address 2125a Madison St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (c) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JUN 13 1944 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1944 hour 10:00 RM. minute M.

21. I hereby certify that I attended the deceased from May 15, 1944, to June 11, 1944, that I last saw him alive on June 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with arterio-sclerosis

Due to

Due to

Other conditions Senile Dementia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) no

(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 A. D. Henke (M. D. or other) 6/12/44

Address 4901 Gaston Ave Date signed 6/12/44

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.