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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21619

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 6152

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (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 (If outside city or town limits, write "RURAL")
(d) Street No. 4005 Kennerely. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICHARD AMEISS
3. (b) If veteran, name war No
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 Adele Ameiss
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct 18. (Month) (Day) 1886 (Year)

8. AGE: Years 58 Months 9 Days 5 If less than one day hr. min.
9. Birthplace St. Louis. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Druggist
11. Industry or business
FATHER 12. Name Abraham Ameiss
FATHER 13. Birthplace St. Louis. Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Sittel
MOTHER 15. Birthplace St. Louis. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Adele Ameiss
(b) Address 4005 Kennerely Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26. 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jacob Quinn
(b) Address 1389 Union Blvd.
19. (a) JUL 26 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1945 hour 10:50 minute P.M. M.
21. I hereby certify that I attended the deceased from July 11 19 45 to July 23, 1945, that I last saw him alive on July 23, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pulmonary Embolism
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. L. Stubblefield, M.D. (M. D. or other)
Address 1515 Lafayette Avenue Date signed 7/24/45

(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 J. Ketter

Licensed Embalmer No. 3880

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.**