No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28809

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8338

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 City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10mos 24dys. (Specify whether years, months or days) In this community 69 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. 3015 N. Jefferson Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN H. AMES
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 widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 29 1877 (Month) (Day) (Year)
8. AGE: Years 69 Months 8 Days 2 If less than one day hr. min.
9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Landscraper
11. Industry or business
FATHER 12. Name Perry Ames
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susan
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Edward Ames
(b) Address 5400 Arsenal St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director Calvin F. Feutz F.H.
(b) Address 4828 Natural Bridge Blvd.
19. (a) SEP 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 1 year 1947 hour 9:20 minute A.M.
21. I hereby certify that I attended the deceased from October 7, 1946 to Sept 1, 1947 that I last saw him alive on Sept 1, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Giant Bullous Emphysema
Right upper Lobe Abcess T.B. C. 1946x
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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 W. G. Amey (M. D. or other)
Address 5400 Arsenal St. Date signed 9/2/47

Jefferson City Printing Co. (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 A. Milner

Licensed Embalmer No. 4186

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.