

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **24059**
Registrar's No. **6800**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(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 Griffin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 months
(Specify whether
In this community byrs
years, months or days)

3. (a) PRINT FULL NAME Harold G. Amos

3. (b) If veteran, name war none 3. (c) Social Security No. 357-07-1742

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hester Amos 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Dec 27 (Month) (Day) (Year) 1897

8. AGE: Years 50 Months 7 Days 5 If less than one day hr. min.

9. Birthplace White Hall, Ills
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Manager

11. Industry or business Bellevue 5410

12. Name Henry Amos

13. Birthplace White Hall, Ills
(City, town, or county) (State or foreign country)

14. Maiden name Grimes

15. Birthplace White Hall, Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harold G. Amos
(b) Address 3720 9th St. St. Louis Mo 8/2/48

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director Washington Mo
(b) Address Washington Mo
19. (a) AUG 2 - 1948 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 9th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1948 hour 10 minute A M.

21. I hereby certify that I attended the deceased from May 1 1948 to Aug 2 1948
that I last saw him alive on Aug 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Vasc Disease
Duration 2 yrs.

Due to Appt 9/2
Due to 9/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Arterial disease in heart

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 Ralph Russell (M. D. or other) 8/2/48
Address 3720 Washington Date signed

PHYSICIAN

Underline the cause of which death should be charged statistically.

APR 12 1956

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 _____

Licensed Embalmer No. _____

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.