

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 27981  
7549  
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO 2159		d. STREET ADDRESS (If rural, give location) 548 EILER 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hosp									
3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) - c. (Last) AMANN			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 5 1950						
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 2, 1868		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AUSTRIA 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME PETER AMANN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MARGARET MESSMER 548 EILER				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days (Understand)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201					
22. I hereby certify that I attended the deceased from Aug 20, 1950, to Sept 3, 1950, that I last saw the deceased alive on Sept 2, 1950, and that death occurred at 7:22 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Thomas Kuti (Degree or title)				23b. ADDRESS 3606 Gravois		23c. DATE SIGNED 9/5/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER I PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO				
DATE REC'D BY LOCAL REG. SEP 5 1950		REGISTRAR'S SIGNATURE J. B. Lantieri			25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuti 2906 Gravois			ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Samuel E. Hill*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

**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.