

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31187

State File No. \_\_\_\_\_

FILED SEP 19 1951		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 184	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1822 North Fourth Street				d. STREET ADDRESS (If rural, give location) 1822 North Fourth Street			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) H.		c. (Last) Amptmann		4. DATE OF DEATH (Month) (Day) (Year) September 12-1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Feb 21, 1867	
9. AGE (in years last birthday) 84		10. MONTHS 6		11. DAYS 21		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Misc work			
11. BIRTHPLACE (State or foreign country) Josephville, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Amptmann				13b. MOTHER'S MAIDEN NAME Mary Sachs			
14. NAME OF HUSBAND OR WIFE Margaret (Driller) Amptmann deceased 1941				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NIL			
16. SOCIAL SECURITY NO. NIL				17. INFORMANT'S SIGNATURE OR NAME Mrs Regina Aug (daughter)			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Interconduction</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiovascular - renal disease</i> DUE TO (c) <i>Generalized arteriosclerosis</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 10 yrs				19. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4/42 X			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. HOW DID INJURY OCCUR?			
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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				22. I hereby certify that I attended the deceased from Jan 1, 1949, to Sep 12, 1951, that I last saw the deceased alive on Sep 12, 1951, and that death occurred at 8:20 P.m., from the causes and on the date stated above.			
23a. SIGNATURE George E. Kish M.D.				23b. ADDRESS St. Charles, Mo.			
23c. DATE SIGNED 9-13-51				24. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE Sept 15, 1951				24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery			
24d. LOCATION (City, town, or county) (State) St. Charles, Missouri				25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dallmeyer & Sons Co. 800 N. 2nd St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 17 1951

RECEIVED

AUG 19 1953

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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.....  
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.