

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17614

FILED JUN 7 1952

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 103	
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) St. Charles		c. LENGTH OF STAY (In this place) 65 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles		1923	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1710 Sibley Street				d. STREET ADDRESS (If rural, give location) 1710 Sibley Street			
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)		b. (Middle) --		c. (Last) AMSINGER	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 10, 1864	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipefitter (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Car Building		11. BIRTHPLACE (State or foreign country) Alsace-Lorraine, France	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Andrew Amsinger		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Theresa Amsinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil		16. SOCIAL SECURITY NO. Nil		17. INFORMANT'S SIGNATURE OR NAME Estelle Amsinger, St. Charles, Mo.			
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.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 days			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				DUE TO (b) Gen. arteriosclerosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) pt Hemiplegia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4 days			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-17-50, to 5-31-50, that I last saw the deceased alive on 5-31-50, and that death occurred at 10:15 Am., from the causes and on the date stated above.							
23a. SIGNATURE R. B. Hinkle M.D.				23b. ADDRESS 1215 S. Main St.		23c. DATE SIGNED 6-1-52	
24a. BURIAL, CREMATION, REBURY (Specify) Burial		24b. DATE June 3, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles Mo.	
DATE REC'D BY LOCAL REG 6-1-52		REGISTRAR'S SIGNATURE R. B. Hinkle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallmeyer & Sons Co., ST. Charles Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1952

VS OCT 2 1959

VS OCT 8 1959

### 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address H. 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.