

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32822**
Registrar's No. **8923**

FILED OCT 15 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8923			
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 OR TOWN St. Louis		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4475 West Pine				e. STREET ADDRESS (If rural, give location) 19 4475 West Pine		2199			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) H. AMES		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 9 14 1953			
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 16, 1882		9. AGE (in years last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Editor			10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and State or Foreign Country) Treimont Ill.			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME David C. Ames			13b. MOTHER'S MAIDEN NAME Ada Davis			14. NAME OF HUSBAND OR WIFE Pearle L. Ames			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes			16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 1st World 493-09-6331		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Walter Ames 4475 West Pine				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Internal hemorrhage 2. Multiple fractures when he fell from the 15th floor window of the Hawthorne Apts. on the 14th of September 1953 about 7:57 A.M. while suffering temporary mental aberration.						INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. temporary mental aberration	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Suicide						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/14/53 - 7:57A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? see above		E978X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:02A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Walter Ames				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/15/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9/16/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County. Mo.			
DATE REC'D BY LOCAL REG. SEP 15 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mayer 4356 Lindell Blvd				

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, ~~city~~, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etta R. Penick*.....

Licensed Embalmer No...428

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.