

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006971
State File No.

FILED FEB 28 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1941**

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		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 2470 2818a Ohio (rear)	
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) c. (Last) Ameis.		4. DATE OF DEATH (Month) (Day) (Year) 2-16-58.	
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 26, 1884
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME Val Ameis.		13b. MOTHER'S MAIDEN NAME Maria Denbrithois.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT'S SIGNATURE OR NAME Val B. Ameis		ADDRESS 3509 Nebraska Ave.	

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) Bilateral Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491x		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Existing Duodenal Ulcers		Fresh
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?		

22. I hereby certify that I attended the deceased from **1-27-58**, 19**58**, to **2-16-**, 19**58**, that I last saw the deceased alive on **2-16-**, 19**58** and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 2/18/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/20/58	24c. NAME OF CEMETERY OR CREMATORY Peter & Paul
24d. LOCATION (City, town, or county) (State) St. Louis Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken Mortuary 2630 Gravois	

DATE REC'D BY LOCAL REG. **FEB 18 58**

REGISTRAR'S SIGNATURE **[Signature]**

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Herbert J. Glen Jr.*
Licensed Embalmer No. 4800

P. O. Address 216 Nelda Av.....

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.