

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023078
STATE FILE NUMBER

1003

5644

Health,
Welfare
Public
Service

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 5644

FILED JUN 16 1958

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1-56

ALL SYMPTOMS WILL BE LISTED. ALL DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kirkwood 46730 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital 15 Length of stay in 1b 12hrs. | | 3. STREET ADDRESS (If outside, give location) 27 1204 Simmons Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Baby Girl Amptman | | 4. DATE OF DEATH Month Day Year May 30, 1958 | |
| 5. SEX Female / | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 29, 1958 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 12 |
| 13. FATHER'S NAME Elmer L. Amptman | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0 | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 16. SOCIAL SECURITY NO. None | | 14. MOTHER'S MAIDEN NAME Mary L Roach | |
| 17. INFORMANT Address Elmer L. Amptman, 1204 Simmons | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity @ 7 mos (2lb 9oz) 7735 DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 12 hours |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Mother had Preeclampsia - Baby Delat Club Footed | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 5/29/58 to 5/30/58 and last saw her alive on 5/29/58 Death occurred at 7:00 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Walter H. Hofer MD (Doctor or title) | | 22b. ADDRESS 3108 S. Grand | |
| 22c. DATE SIGNED MAY 31 58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5/31/58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) Kirkwood, Mo. | |
| 24. FUNERAL DIRECTOR Pfitzinger Mortuary, Kirkwood, Mo | | 25. DATE RECD. BY LOCAL REG. MAY 31 58 | |
| ADDRESS | | 26. REGISTRAR'S SIGNATURE J Earl Smith MD | |

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

Licensed Embalmer No.

P. O. Address

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.

Handwritten signature: This body not embalmed