URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 27 1959

59-030211

STATE FILE NUMBER

NDED

Registration District No. [illegible] Primary Registration District No. _____ Registrar's No. 2-7613

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MARIAN HOSPITAL — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) 2728 S. Broadway — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MANZIE Middle AMANN Last

4. DATE OF DEATH: Month AUG. Day 16 Year 1959

5. SEX: MAle.

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: Sept. 9-1908

9. AGE (last birthday): 50

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Est.

11. BIRTHPLACE (City and state or country): Gettysburg, S.D.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John E. Amann

13b. MOTHER'S MAIDEN NAME: Mary Hartman

14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 414-10-5469

17. INFORMANT: Raymond A. Amann Address: Summerville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	5 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rheumatic heart disease	6 MONTHS
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 8-13-59 to 8-16-59 and last saw ~~the~~ him alive on 8-15-59

Death occurred at 7:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O B Jones (Degree or title) MD

22b. ADDRESS: 3616 S BDWY. ST. LOUIS

22c. DATE SIGNED: 8-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-20-1951

23c. NAME OF CEMETERY OR CREMATORY: Summerville, Mo.

23d. LOCATION (City, town, or county) (State): Summerville, Mo.

24. FUNERAL DIRECTOR: Thomas Butler ADDRESS: 2906 Gravois

25. DATE RECD. BY LOCAL REG.: AUG 17 59

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 28 1959

De

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.