

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020616

FILED VS JUN 6 1960

318 Primary Registration District No. 1003

5376

STATE FILE NUMBER

Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5309 O'Dell Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>5309 O'Dell Ave.</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>MATTHEW</u> Last <u>AMEIS</u>			4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-1891</u>	9. AGE (last birthday) <u>68</u>	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) <u>Drill Press Operator-Mar</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lo Coil Co.</u>		11. BIRTHPLACE (City and state or country) <u>Neier, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Val Henry Ameis</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Duebelbeis</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline M. Ameis</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Caroline M. Ameis</u>	Address <u>5309 O'Dell Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8h -</u>
DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u>		
DUE TO (c) <u>4201</u>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 <u>St. Louis</u>	COUNTY <u>St. Louis</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>1959</u> to <u>5/22/60</u> and last saw her/him alive on <u>5/22/60</u> Death occurred at <u>12:05 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Robert L. Yeager</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>3915 Watson</u>	22c. DATE SIGNED <u>5/22/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>May 25, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>

24. FUNERAL DIRECTOR <u>Kriegshauser</u>	ADDRESS <u>4228 S.Kingshighway Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 23 1960</u>	26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> <u>mjb</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 DeRogers

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