RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048111

ILED VS JAN 5 1961

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3808

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis	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) OR TOWN Kirkwood — Length of stay in 1b 17 yrs	c. CITY OR TOWN Kirkwood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 E. Bodley — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 304 E. Bodley — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle TERRY	Last AMEISS	4. DATE OF DEATH Month Dec. Day 31, Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 8-19-1943	9. AGE (last birthday) 17 — 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) Student	10b. KIND OF BUSINESS OR INDUSTRY NOne	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Vincent Ameiss	13b. MOTHER'S MAIDEN NAME Marian Alderson	14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Kirkwood Vincent Ameiss-304 E. Bodley	Address Missouri	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cancer of left Testicle — INTERVAL BETWEEN ONSET AND DEATH 6 mon

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) metastases to abdominal glands (Lymph) and Lungs. — 6 wks.

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 10/14/60, to 12/31/60 and last saw her/him alive on 11/30/60

Death occurred at 2 30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. Victor Reed M D	22b. ADDRESS 170 E Lockwood Webster Groves Mo	22c. DATE SIGNED 12/31/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 123-1961	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.		
24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 1-3-61	26. REGISTRAR'S SIGNATURE Hunsardwicke M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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