

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027590

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 559 Registrar's No. 98

FILED AUG 8 1962

1. PLACE OF DEATH

a. COUNTY

Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MO ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rock Twp.

Length of stay in 1b

ACCIDENT

c. CITY

SAPPINGTON MO

OR TOWN

ST LOUIS COUNTY

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION HIGHWAY 21

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

9322 SAPPINGTON ROAD

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First William

Middle

Amelung

Last

4. DATE OF DEATH

Month

Day

Year

8-1-62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-10-93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

RETIRED CANDY BUSINESS

10b. KIND OF BUSINESS OR INDUSTRY

CANDY BUSINESS

11. BIRTHPLACE (City and state or country)

ST LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

OTTO L AMELUNG

13b. MOTHER'S MAIDEN NAME

MARY PARKER

14. NAME OF HUSBAND OR WIFE

DEC

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.

499-36-8964

17. INFORMANT

WILLIAM O AMELUNG SAPPINGTON

Address 9322 SAPPINGTON ROAD

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple fractures & internal inj.

INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b)

DUE TO (c)

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

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.)

Auto Accident.

20c. TIME OF INJURY

Hour

Month, Day, Year

p.m.

4:45

8-1-62

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.)

Highway

20f. CITY, TOWN, OR LOCATION

Rock Twp.

COUNTY

Jeff.

STATE

MO

21. I attended the deceased from

Cecilia's View.

and last saw her alive on

Death occurred at

4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James C. [Signature]

(Degree or title)

D.C. Coroner

22b. ADDRESS

Festus MO

22c. DATE SIGNED

8-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

AUG 1 1962

23c. NAME OF CEMETERY OR CREMATORY

SUNSET CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS COUNTY MO

(State)

24. FUNERAL DIRECTOR

Zeigenthaler

ADDRESS

ST LOUIS MO

25. DATE RECD. BY LOCAL REG.

8-2-62

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 \$ 5.00 ST

1961 2 NOV

Rec'd by A.R. 8-2-62

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 Donald King

Licensed Embalmer No. 2863

P. O. Address St. James mo

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.