MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

28 -63-008143
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 306 Primary Registration District No. 6028 Registrar's No. 28

FILED FEB 19 1963

1 0921
2 0922
3
4 1
5 2
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7 0
8 2
9 4201
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12 86-2
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: OFallon, Mo.
Length of stay in 1b: 1½ yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Roeper Nursing home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Charles
c. CITY OR TOWN: Wentzville,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 513 Linn Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rosa Middle: Amptmann Last:
4. DATE OF DEATH: Month: February Day: 10 Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/17/1877
9. AGE (last birthday): 85
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): Home duties
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (City and state or country): Dardenne, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Price
13b. MOTHER'S MAIDEN NAME: Philomene Dorais
14. NAME OF HUSBAND OR WIFE: Frank Amptmann
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 Address: Urban Amptmann - Wentzville, Mo.

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility
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 March 1961 to Feb 10, 1963 and last saw her alive on 2-6-63
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard A Maupin DO
22b. ADDRESS: O'Fallon Mo
22c. DATE SIGNED: 2-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/13/1963
23c. NAME OF CEMETERY OR CREMATORY: Immaculat Conception
23d. LOCATION (City, town, or county) (State): Dardenne Missouri

24. FUNERAL DIRECTOR ADDRESS: 909 Pitman Ave. Mo.
T.E. Pitman Funeral Home Wentzville
25. DATE RECD. BY LOCAL REG.: 2/11/63
26. REGISTRAR'S SIGNATURE: Ed Keithly

(Licensed Embalmer's Statement on Reverse Side)

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 Carlton J. Putman

Licensed Embalmer No. 4974

P. O. Address Centerville

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.