MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12500

1927

1. PLACE OF DEATH
County: St. Louis
Township: ~~Carondelet~~
City: Maplewood (No. 2628 Marguerite Ave. St. Ward)

Registration District No. 786
Primary Registration District No. 4469

File No.
Registered No. 75

2. FULL NAME: Edwin P. Ambler

(a) Residence. No. 2628 Marguerite St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED, WIDOWED, or Divorced~~ HUSBAND OF (OR) ~~WIFE OF~~: Mary Ann Ambler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 12 - 1845

7. AGE: Years 81 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Heating Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self Emp.

9. BIRTHPLACE (CITY OR TOWN): Philadelphia
(STATE OR COUNTRY): Pa.

PARENTS

10. NAME OF FATHER: David Ambler

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Pa.

12. MAIDEN NAME OF MOTHER: Mary McKinney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): U.S.A.

14. INFORMANT: Ed. Ambler
(Address): 2628 Marguerite

15. FILED: 4/18, 1927. Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 18 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1924, to April 18, 1927, that I last saw h. alive on April 17, 1927, and that death occurred, on the date stated above, at 2:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis - Deliriosus Senilis
93D Myocarditis
Encephalitis Chronic
7 51 (duration) 3 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopy - Histologic

(Signed) Louis H. Behrens, M. D

Apr 18, 1927. (Address) 301 Jamieson Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefountaine — DATE OF BURIAL: April 21 1927

20. UNDERTAKER: Alexander & Sons — ADDRESS: 6175 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.