

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

Do not use this space.

38873

1. PLACE OF DEATH

County.....

Registration District No. **791**
1002

File No.

Township.....

Primary Registration District No.

Registered No. **11539**

City **St. Louis** (No. **Alexian Bros. Hospital** St. Ward)

2. FULL NAME

(a) Residence. No. St.
(Usual place of abode)

Henry Ambrak
St. **14** Ward. **Coulterville Ill R.R.#2**

(If nonresident give city or town and State)
(Length of residence in city or town where death occurred yrs. **7** mos. **29** da. How long in U.S., if of foreign birth? **67** yrs. mos. da.)

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 **Theresia Ambrak**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Not known**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
abt. 76	?	?	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Farmer 137 107A**
(b) General nature of industry, business, or establishment in which employed (or employer) **164**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Not known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

12. MAIDEN NAME OF MOTHER **Not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

14. INFORMANT **Fred Ambrak**
(Address) **Coulterville Ill R.R.#2**

15. FILED **27 1928**
19 **Nov 27 1928**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **NOV 26 1928**

17. I HEREBY CERTIFY That I attended deceased from **Oct 30** 1928, to **Nov 26** 1928, and that I last saw him ~~alive~~ **live** on **Nov 26** 1928, and that death occurred, on the date stated above, at **236 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia

108 W
(duration) yrs. mos. **5** da.
CONTRIBUTORY (SECONDARY) **Senile Hypertrophy of Prostate Gland**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: **Alexian Brothers Hospital**

1. DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Nov 15, 1928**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical findings**

(Signed) **M. F. ... M. D.**

, 19 (Address) **1010 Paul Bromfield**

*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

Mascoutah, Ill. DATE OF BURIAL **Nov. 29 1928**

20. UNDERTAKER

A. R. A. Moll ADDRESS **Mascoutah Ill.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

