

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

Do not use this space.

11909

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **4463 Bingham Ave.**)

File No.
Registered No. **3032**
St. Ward)

2. FULL NAME **Adolph M. Ambach**

(a) Residence, No. **4463 Bingham Ave.** St., **15** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Ambach		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21st. 1882		
7. AGE	YEARS 51	MONTHS 2
	DAYS 8	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo.**
(STATE OR COUNTRY)

FATHER
13. NAME **Adolph M Ambach Sr.**
14. BIRTHPLACE (CITY OR TOWN)..... **St. Louis Mo.**
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Caroline Vogel**
16. BIRTHPLACE (CITY OR TOWN)..... **St. Louis, Mo.**
(STATE OR COUNTRY)

17. INFORMANT **Clara Ambach**
(ADDRESS) **4463 Bingham Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Mch. 31st/33**

19. UNDERTAKER **Mr. Schumacher**
(ADDRESS) **3013 Meramec Street.**

20. FILED **MAR 31 1933** **Max C. Storker**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 29th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**31**, to **March 29**, 19**33**
I last saw him alive on **March 29**, 19**33**. Death is said to have occurred on the date stated above, at **4 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
930 / 31
Other contributory causes of importance:
Chronic Diffuse Nephritis

Name of operation **none** Date of
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Oliver K. Engelmann**, M. D.
(Address) **3015 S. Grand**

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.

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

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