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.

SEP 26 1933

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

Do not use this space.

28352

1. PLACE OF DEATH

County ..... Registration District No. 791.

Township ..... Primary Registration District No. 1003

City St Louis (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 7503

2. FULL NAME Charles Ambrey

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1860

7. AGE: Years 72 | Months 8 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plasterer

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) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Charles Ambrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

MOTHER

15. MAIDEN NAME Sarah Samuels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT (ADDRESS) M. Effinger

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickens Cem DATE August 31, 1933

19. UNDERTAKER (ADDRESS) E. J. Schmitz 3125 Lafayette Av.

20. FILED AUG 31 1933, 19 Geo Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to 8/29, 1933 (last saw h. alive on 8/29, 1933, at 1:00 p.m.) Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis — Date of onset ?

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify

(Signed) Joe Weisman, M. D.

(Address) City Hosp