

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve
Township
City St. Mary (No.)

Registration District No. 781
Primary Registration District No. 4467

File No. 2890
Registered No. St. Ward)

2. FULL NAME

Charles William Ambuster

(a) Residence, No. 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. da.

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 Josephine Siebert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 13

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

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. 35 yrs

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

13. NAME Charles William Ambuster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Gene Ambuster (ADDRESS) St. Mary, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve, Mo. DATE Jan 21 1937

19. UNDERTAKER Geo G. Baker (ADDRESS) St. Genevieve, Mo.

20. FILED 1/20 1937 W. H. Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 21 1936 to Jan 18 1937
I last saw him alive on Jan 18 1937. Death is said

to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Bulbar paralysis Date of onset 1935

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None 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? No
If so, specify

(Signed) John A. Wilkens M. D.
(Address) St. Mary, Mo.

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.

RECORDING THIS IS A PERMANENT RECORD

