

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.

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

Do not use this space.

JUL 8 - 1937

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. City Keep #1)

791

1003

File No.....

22483

Registered No.....

6235

St. .... Ward)

2. FULL NAME Ambrose L. Blunk(a) Residence, No. 528 W. Davis st. 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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

Eula Blunk6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1883

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .....hrs. or .....min.

5401

## OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Laclede Gas Co.

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)

Dederick, Illinois

## 13. NAME

J. M. Blunk

## FATHER

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

Illinois

## MOTHER

15. MAIDEN NAME Nellie Barnett

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

Illinois

## 17. INFORMANT

Arthur Blunk  
(ADDRESS) W. Davis st.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. HopeDATE 6-29-37

## 19. UNDERTAKER

C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S. Broadway

## 20. FILED

JUN 28 1937J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8:00 A.M.

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

Coronary Occlusion  
Arterio Sclerosis

Other contributory causes of importance:  
Arterio Sclerosis

Date of onset

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) W. H. S. S. S., M. D.(Address) .....

