

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

Do not use this space.

SEP 10 1937

791

29190

1. PLACE OF DEATH

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City.....

St. Louis

(No.....)

Missouri Baptist Hosp

7823

2. FULL NAME

Ambrose J. NORTHGRAFT

(a) Residence, No.....

8815 Morris, Brentwood, Mo. NR Brentwood Mo.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/1937

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

22. I HEREBY CERTIFY, That I attended deceased from 4/6/1937, to 8-19-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6th Sept 1860

I last saw him alive on 8/9/1937. Death is said to have occurred on the date stated above, at 2 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
about 76 11 -

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

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

Cerebral hemorrhage Date of onset 8-18-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath, Ill.

Other contributory causes of importance: fracture of hip 4/6/37

13. NAME Unknown

Name of operation Hydro-splint Date of 4-7-37

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

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

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 4/6/37

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

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

17. INFORMANT Mrs Louis Dixwell (ADDRESS) # 8815 Morris, Brentwood, Mo.

Specify whether injury occurred in industry, in home, or in public place In a home slipped

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 8-21-1937

Manner of injury a carpet Nature of injury fracture of hip

19. UNDERTAKER C.R. Dutton & Sons (ADDRESS) # 4449 Olive, St. Louis

24. Was disease or injury in any way related to occupation of deceased? No

20. AUG 19 1937 J. Biedeck Registrar.

If so, specify (Signed) W.R. Rohrer, M. D. (Address) 4932 Maryland

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.

Wool. Kingsway
La 3083

1-3

Dr. M. L. Kline
4922 W. 1st St
St. Louis

Dr. W. H. Kline
4420 W. 1st St
St. Louis

2:30 + 4:00

Ro 4800

Wool Kingsway