DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 176

Registration District No. 791 — Primary Registration District No. ____ — Registrar's No. 176

REC'D FEB 17 1940

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County St. Louis
(c) City or town University City NR
(If outside city or town limits, write "RURAL")
(d) Street No. 8621 Kingsbury
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME John Ambo 50 M
3. (b) If veteran, name war ____
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Jan 8th 1920 (Month) (Day) (Year)

8. AGE: Years 19 | Months 11 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Litchfield Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Landscaper. 1
11. Industry or business 7
FATHER
12. Name Joseph Ambo 7
13. Birthplace Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Haite
15. Birthplace Poland (City, town, or county) (State or foreign country)
16. (a) Informant's own signature B. Butterworth
(b) Address Isolation Hosp
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bauman Bros
(b) Address 2504 Woodson Overland Mo
19. (a) [illegible] (Date received by registrar) (b) J. T. Bechtold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7. year 1940 hour 6 ~~minute~~ A.M.
21. I hereby certify that I attended the deceased from 12-23-39, 19__, to 1-7-, 1940
that I last saw him alive on Jan 7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Septicemia.
Due to Unidentified 10
organisms
Due to
Other conditions (Include pregnancy within 3 months of death) Empyema, left.
Plural Effusion, R.L.
Major findings:
Of operation No Pneumonia
Non tuberculous cause unknown
Of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature Geo. S. Bogardus M.D. (M. D. or other)
Address Isolation Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by W. G. Peterson and Gustave P. Baumann, Registered Apprentice No. ..... working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 2504 Woodson, St. Louis

Gustave P. Baumann
Mo. License # 315
St. Louis # 218

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.