

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12386

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 538

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3424 Cambridge Ave.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)  
 In this community 35 years  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Walter E. Bamber 516

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 494-01-482-1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Iloel Bamber 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Sept 12 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Harrisonville Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business \_\_\_\_\_

12. Name James A. Bamber

18. Birthplace Harrisonville Ills.  
(City, town, or county) (State or foreign country)

14. Maiden name Elia E. Sinclair

15. Birthplace Big Sandy Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lorraine Bamber

(b) Address 3424 Cambridge Ave.

17. (a) Burial (b) Date thereof Mar 17 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Wagoner Und Co 707

(b) Address 3621 Olive Street

19. (a) MAR 16 1940 (b) A. K. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3424 Cambridge Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
 year 1940 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke by thrombosis  
(Cerebral)  
 Due to \_\_\_\_\_

Due to Gun shot wound  
to the head  
through chin.

Other conditions 167  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 3/15/40

(c) Where did injury occur? myself and w  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John D. Lounsbury (M. D. or other) \_\_\_\_\_

Address Loma La Vista Date signed 3/16/40

Duration

3/15/40

3/15/40

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Neville D. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

**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.**