

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5148 Christy Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **22 years**
years, months or days)

3. (a) PRINT FULL NAME **George J. Ambrose**

3. (b) If veteran, NO. _____ 3. (c) Social Security No. **497-10-3638**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Catherine Ambrose** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Feb. 22, 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	6	19	hr. _____ min. _____

9. Birthplace **Springfield Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary-Treasurer**

11. Industry or business **Int'l. Hat Co.**

12. Name **John Ambrose**

13. Birthplace **unknown Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Bridget Hickey**

15. Birthplace **unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Effinger**

(b) Address **5148 Christy Blvd.**

17. (a) **Burial** (b) Date thereof **Sept. 14, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Goodhart & Goodhart**

(b) Address **2228 St. Louis Ave**

19. (a) **SEP 15 1940** (b) **J. J. Prudek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **5148 Christy Blvd.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11th**
year **1940** hour **6** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **March 2nd** 19 **39** to **Sept 11th** 19 **40**
that I last saw him alive on **Sept 10th** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** **18 mo.**

Due to **93C**

Other conditions **New Arteriosclerosis** **5 years**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
18 mo.
5 years
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? _____ (a) Means of injury _____

18. Signature **Thompson** (M. D. or other)
Address **2239 N. Grand** Date signed **9/13/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED 1940 25 1940

MOTHER FATHER

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 *Charles Goodhead*
Licensed Embalmer No. *2777*
P. O. Address *St. Louis, Mo*

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

If this body is not embalmed, fact should be so stated above.