

FILED FEB 24 1942  
791

1003

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 534

**1. PLACE OF DEATH:**

(a) County St. Louis Mo.

(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:  
2810 S. 9th St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis. 24  
(If outside city or town limits, write "RURAL")

(d) Street No. 2810 S. 9th St. 0  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT MATTHEW AMBROSE.**  
FULL NAME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 16  
year 1942 hour 8 20 minutes P.M. M.

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 May 20th 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 11 1942 to Jan 16 1942  
that I last saw him alive on Jan 15 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
34 7 27 hr. min.

Immediate cause of death Chronic Arteriosclerotic Deformity Duration years  
Rheumatism

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) D

10. Usual occupation Pipe Fitter.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Epilepsy 59  
Asnema

11. Industry or business Invalid. 4 Years.

MOTHER FATHER { 12. Name Mathias Ambrose

13. Birthplace Yugo Slavia (City, town, or county) (State or foreign country) X

14. Maiden name Frances Andolsek

15. Birthplace Yugo Slavia (City, town, or county) (State or foreign country) X

Major findings: Of operations non 57

Of autopsy non

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frances Ambrose

(b) Address 2810 S 9th St.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19/42 (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul

(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? \_\_\_\_\_

18. (a) Signature of funeral director Thorakus & son

(b) Address 2906 Gavois Ave.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

19. (a) JAN 18 1942 (b) J. J. Budek (Registrar's signature)

23. Signature J. E. Denes (M. D. or other) md  
Address 2202 S. 8th St. Date signed 1/17/42

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

000  
19  
9

600  
17  
9

40

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.....

*David M. Van Furran*

Registered Apprentice No. *280*

working under my personal supervision.

Signed.....

*Thos. Kuteis*

Licensed Embalmer No. *1619*

P. O. Address.....

*2906 Travis*

**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, fact should be so stated above.**