

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robert Koch Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 030
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4165 Schiller Pl #7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adelaide M. Ambach

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-01-4497

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Ambach 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Sept 3 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 8 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Nydl
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Koch Hospital record
(b) Address Koch Mo
17. (a) Burial (b) Date thereof 5/17/43
(Burial, cremation, or disposal) (Month) (Day) (Year)
(c) Place: burial or cremation Mattheuse Rd
18. (a) Signature Henry L. Widemuller
(Burial, cremation, or disposal) (b) Address 6203 Myrtle Ave
19. (a) 11 15 (b) McKamon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 8 minute 40 AM.

21. I hereby certify that I attended the deceased from 4-20, 1943 to 5-14, 1943
that I last saw h. RT alive on 5-14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Tuberculosis of Larynx
Duration 14.140? 5.140?

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy The above Plus TJS of intestine

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?

23. Signature Paul Wray (M. D. or other) _____
While at work? _____ (Specify type of place) (e) Means of injury _____
Address Koch Mo Date signed 5-14-43

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

MAY 24 1968

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.....

G. W. Wilkinson
.....
Licensed Embalmer No..... *3575*

P. O. Address.....

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.