. S. No. 2
0M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26435

FILED AUG 30 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7525

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

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: RESIDENCE: 5637 PERSHING AVE. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS, (If outside city or town limits, write "RURAL") 95

(d) Street No. 5637 PERSHING AVE., (If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MINNIE LUPE AMBLER.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES W. AMBLER.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT. (Month) 9th (Day) 1879 (Year)

8. AGE: Years 63 Months 11 Days 10 If less than one day hr. min.

9. Birthplace PETTIS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name STEPHEN T. LUPE.
13. Birthplace unknown (City, town, or county) KENTUCKY. (State or foreign country)

MOTHER
14. Maiden name MARY HOOD.
15. Birthplace EDINBOROUGH (City, town, or county) SCOTLAND. (State or foreign country)

16. (a) Informant MAUDE L. HEWLETT.

(b) Address 519 LAKE AVE. WEBSTER GROVES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 23/43 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director C. R. LUPTON & SONS.

(b) Address 7233 DELMAR BLVD.

19. (a) AUG 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

AUG 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 19 year 1943 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Aug 15, 1943 that I last [illegible] alive on Aug 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cardio Vascular Dis.

Due to Hypertension / Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

23. Signature [illegible] (M. D. or other)

Address 4 [illegible] Date signed 8/21/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank D. Dorham.
4500 Olive
FO-3800
10 to 12 a.m.

7525

7525

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.