No. 2
9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 12

Registration District No. 318 Primary Registration District No. Registrar's No. 416

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: Alexian Brothers 0 Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (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 9 15 (If outside city or town limits, write "RURAL")

(d) Street No. 4041 Oregon Ave. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Adolph Ambach

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August (Month) 20 (Day) 1859 (Year)

8. AGE: Years 84 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Mover 9 (Retired)

11. Industry or business Household Goods

FATHER
12. Name Sigmond Ambach
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Fredericka Mauer
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Fred Ambach

(b) Address 2847 Wisconsin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) (Day) 1944 (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director John H. Gibken Sons

(b) Address 2630 Gravois Ave.

19. (a) JAN 14 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1944 hour 9 10 minute P M.

21. I hereby certify that I attended the deceased from 1-1, 1944, to 1-11, 1944 that I last saw him alive on 1-11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	11 days
Due to	
Due to	
Other conditions Pleural effusion (Include pregnancy within 3 months of death)	8 days

107

Major findings:
Of operations
Of autopsy

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 L. A. Hester (M. D. or other) M.D.

Address 439 Bates Date signed 1/13/44

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.