. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7054

Primary Registration District No. 3063

Registrar's No. 502

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town S. Claytons, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Hospital
(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:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6313 Sutherland
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick L Ambach

3. (b) If veteran, name war none

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Pauline Ambach

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased 10 (Month) 14 (Day) 1915 (Year)

8. AGE: Years 29 Months 4 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation President

11. Industry or business American Iron & Steel Co.

FATHER
12. Name Frederick H Ambach
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ann Hammer
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Pauline Ambach
(b) Address 6313 Sutherland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-1945 (Month) (Day) (Year)
(c) Place burial or cremation Sunset Burial Park

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) FEB 21 1945 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16 year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Accident

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Post-mortem - Fractured skull and crushing Inj. to Chest

Duration

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident

(b) Date of occurrence Feb. 16, 1945

(c) Where did injury occur? St. Louis Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (highway #66) (Specify type of place)

While at work? No (e) Means of injury .....

23. Signature Arnold J. Willmann Coroner (M. D. or other)

Address Clayton, Mo. Date signed 2-19-45

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1945

APR 17 1945

AUG 1 1946

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tennessee 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.

S. No. 2B
GM -3-45
LX43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 317 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frederick L. Ambach

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 14 (Day) 1915 (Year)

8. AGE: Years 29 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 16
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull & Crushing Injuries to chest

Due to Accident

Due to (driving his car in snowstorm skidded in path of large truck & Trailer)

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident
(b) Date of occurrence Feb 16, 1945
(c) Where did injury occur? St. Louis (City or town) Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public highway (#66) (Specify type of place) Blunt impacts
While at work? No (e) Means of injury

23. Signature Arnold J. Willmann Coroner (M.D. or other)
Address Clayton Mo Date signed 2-19-45

SUPPLEMENTARY

7054