S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14901

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4303

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: 6024 Pershing Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years
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") 75

(d) Street No. 6024 Pershing Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM FRANCIS BAMBER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Catherine Bamber

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

7. Birth date of deceased 8 (Month) 30 (Day) 1859 (Year)

8. AGE: Years 85 Months 8 Days ~~16~~ 14 If less than one day hr. min.

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

10. Usual occupation Clerical

11. Industry or business Simmons Hardware Co.

FATHER
12. Name William Walker Bamber
13. Birthplace Prairie du Rocher (City, town, or county) Illinois (State or foreign country)

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

16. (a) Informant Della Filsinger
(b) Address 6024 Pershing Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14
year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 1944 1/1, 1944, to 4/28, 1945
that I last saw him alive on 4/28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic

Due to

Due to 93

Other conditions age (85 years)
(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 [signature] (M. D. or other)
Address 314 N Broadway Date signed 5/15 45

(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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 1175 Pillmar

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.