

S. No. 2  
M-3-13  
v. 5-17-39  
P. I. X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 24 1946

318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003

State File No. 42087  
Registrar's No. 10508

Registration District No. 318 Primary Registration District, No. 1003

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:  
St Lukes Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 2 days  
years, months or days)

3. (a) PRINT FULL NAME Edwin Price Ambler III

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced INFAN 0

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

7. Birth date of deceased December 4 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 2 hr. min.

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

10. Usual occupation INFANT

11. Industry or business Charles F. Ambler Jr.

12. Name Charles W. Ambler Jr

13. Birthplace Waco Texas Haywood  
(City, town, or county) (State or foreign country)

14. Maiden name Margarita E. Haywood

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

16. (a) Informant Charles W. Ambler

(b) Address 5915 Washington

17. (a) Burial (b) Date thereof 12-9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 9 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5915 Washington  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6  
year 1946 hour 2 minute 03 P.M.

21. I hereby certify that I attended the deceased from 12/4 1946 to 12/6 1946  
that I last saw h. i. m. alive on 12/6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death primary edema Duration 12 hr

Due to Erythroblastosis Fetalis 2 day  
Due to 16/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Findings of autopsy as stated above  
Of autopsy as stated above

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?  
While at work? (Specify type of place) (e) Means of injury ---

23. Signature H. E. Wichter MD (M. D. or other)  
Address 3720 Washington Date signed 12/7/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
40897

*0  
1  
2  
3  
4  
5  
6  
7  
8  
9*

---

---

**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 *Thomas R. Terwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

**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.**