. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 25 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 40370

Registrar's No. 2375

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: # 68 Arundel Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Clayton
(If outside city or town limits, write "RURAL")
(d) Street No.: # 68 Arundel Pl.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ALICE JANE BAMBERGER.
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Walter Bamberger.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept. (Month) 23 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	1	24	..... hr. ..... min.

9. Birthplace: London, (City, town, or county) England (State or foreign country)
10. Usual occupation: At home
11. Industry or business .....

MOTHER FATHER
12. Name: Horatio England
13. Birthplace: (City, town, or county) England (State or foreign country)
14. Maiden name: unknown
15. Birthplace: (City, town, or county) England (State or foreign country)

16. (a) Informant: MollyE. Briner.
(b) Address: 68 Arunder Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: C.R. Lupton & Sons.
(b) Address: 7233 Delmar Blvd.,
19. (a) 11-20-47 (Date received local registrar) (b) Carl A. Harpstrite M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 17 year: 1947 hour: 8:30 minute: P.M.
21. I hereby certify that I attended the deceased from July 10, 1938 to Nov 17, 1947, that I last saw her alive on Nov 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis	9 yrs
Due to: chronic interstitial nephritis	3 mos
Due to: arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): 1310	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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: Ernest M. Moore M.D. (M.D. or other)
Address: 4661 Maryland Ave. Date signed: Nov 18, 47

ITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

.Moore.
4661 Maryland
RO 3311
2 to 4

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.