

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22048

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1346</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>204 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. VINCENT'S SANITARIUM</u>				d. STREET ADDRESS (If rural, give location) <u>7300 St. Chas. Rg. Rd., St. Louis (14) Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u>		b. (Middle) <u>Estelle</u>		c. (Last) <u>AMBRUSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-26-71</u>		9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	IF UNDER 4 HRS. Hours <u>7</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Indianapolis, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rob't. S. Reno</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stokely</u>		14. NAME OF HUSBAND OR WIFE (husband deceased) <u>William</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>498-12-2224P</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Medical Record - St. Vincent's Sanitarium</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal Vasular Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Senile Psychosis, Paranoid trend</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1314</u> <u>1427</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>--</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>--</u>			
22. I hereby certify that I attended the deceased from <u>11-11-48</u> , 19 <u>48</u> , to <u>6-3-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-3-49</u> , 19 <u>49</u> , and that death occurred at <u>11:35a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Lytton, M.D. W.B. Lytton M.D.</u>				23b. ADDRESS <u>St. Vincent's Sanitarium</u>		23c. DATE SIGNED <u>6-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/14/49</u>		REGISTRAR'S SIGNATURE <u>Shirley C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert G. Ambuster 6633 Clayton Rd.</u>			

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Ernest W. Spillers

Signed _____
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address _____

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.