

FILED JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22938

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 544

Registrar's No. 1608

1608

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KIRKWOOD</b>		c. LENGTH OF STAY (In this place) <b>3 YR</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>929 ROBERT PL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KIRKWOOD 4713</b>	
		d. STREET ADDRESS (If rural, give location) <b>929 ROBERT PL 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b>		b. (Middle) <b>P</b>	
		c. (Last) <b>AMBLER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6 14 52</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>7-11-1875</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>29</b> Days <b>3</b> IF UNDER 24 HRS. Hours <b></b> Min <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HEATING</b>	
11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>EDWIN P AMBLER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY-ANN-WILLINGMEYER-</b>	
		14. NAME OF HUSBAND OR WIFE <b>ETTA-AMBLER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>497-20-1792</b>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARY-E-AMBLER-929 ROBERT PL</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Left Colon with generalized abdominal metastasis</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>1-19-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma left Colon with lymph node metastasis 15.3X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-16</b> , 19 <b>52</b> , to <b>6-14</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6-10</b> , 19 <b>52</b> , and that death occurred at <b>7:15 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. L. Tomlinson</b>		23b. ADDRESS <b>MD 508 N. Grand St. Louis Mo.</b>	
		23c. DATE SIGNED <b>6-16-52</b>	
24a. BURIAL; CREMATION; REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-17-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE-CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>6-16-52</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donke</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MARY-B. SMITH MAPLEWOOD MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

SW

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

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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.

Student .....  
Student Embalmer

Signed

*Donald A. Yodanis*

Licensed Embalmer No. *3917*

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.