

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26522**

FILED AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2084

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS** 4006
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN) **UNIVERSITY CITY** (township)
 c. LENGTH OF STAY (in this place) 23 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **6380 WASHINGTON BLVD**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MISSOURI** b. COUNTY **ST. LOUIS** 4346
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **UNIVERSITY CITY**
 d. STREET ADDRESS (If rural, give location) **6380 WASHINGTON BLVD.** 340

3. NAME OF DECEASED (Type or Print)
 a. (First) **SARAH** b. (Middle) **Conrow Kirby** c. (Last) **AMBLER.**
 4. DATE OF DEATH (Month) (Day) (Year) **AUG. 4, 1952**

5. SEX **Female** / 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 18, 1870** 9. AGE (In years last birthday) **82** # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife** 10b. KIND OF BUSINESS OR INDUSTRY **at Home** 11. BIRTHPLACE (City and State or Foreign Country) **New Jersey** / 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry Kirby** 13b. MOTHER'S MAIDEN NAME **Mary Ames Conrow** 14. NAME OF HUSBAND OR WIFE **Jesse H. Ambler.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mr. Jessie H. Ambler** ADDRESS **6380 Washington,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of colon**
 ANTECEDENT CAUSES
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **153X**
 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 _____ 19b. MAJOR FINDINGS OF OPERATION **I** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 19 38, to August 4, 19 52, that I last saw the deceased alive on August 3, 19 52, and that death occurred at 5:45A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) **F.R. [Signature] M.D.** 23b. ADDRESS **539 No. Grand Blvd.** 23c. DATE SIGNED **8/4/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 6, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery, St. Louis, Mo.** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **8-4-52** REGISTRAR'S SIGNATURE **Hebert H. Donke MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C.R. Lupton & Sons; 7233 Delmar Blvd.,**

sw (Licensed Embalmer's Statement on Reverse Side)

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

8

W-2230
@R
05:23

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 Melvin L. Kemper

Licensed Embalmer No. 405-2

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.