

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31824**

FILED SEP 22 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 347		Registrar's No. 2102			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 5dys		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS (If rural, give location) 932 Beach Ave.					
3. NAME OF DECEASED a. (First) Dr. Olney (Type or Print)			b. (Middle) Alphonso		c. (Last) Ambrose		4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 30, 1875		9. AGE (In years last birthday) 80yrs	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alphonso Platt Ambrose			13b. MOTHER'S MAIDEN NAME Katherine Mathews		14. NAME OF HUSBAND OR WIFE Mary E. Ambrose				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1		17. INFORMANT'S SIGNATURE OR NAME Mary E. Ambrose		ADDRESS 932 Beach Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) coronary thrombosis DUE TO (c) arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS hypertension Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9/4/55 erlyday	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____ m.		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 9/1 , 19 55 , to 9/6 , 19 55 , that I last saw the deceased alive on 9/6 , 19 55 , and that death occurred at 5:10 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Thomas C. Pondraell MD				23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 9/7/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE Sept. 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State) _____				
DATE RECD BY LOCAL REG. 9/9/55		REGISTRAR'S SIGNATURE Richard R. Ambrose		25. FUNERAL DIRECTOR'S SIGNATURE W. J. LeFander & Sons		ADDRESS 6175 Delmar			

Dr Thomas Parker
H660 Maryland
Fo H607
Until 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jas. E. McCulloch*
Licensed Embalmer No. 24

P. O. Address *175 D*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.