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REG. NO. 15289
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10808

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3200

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN 915 N.GRAND,ST.LOUIS,MO. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS
b. COUNTY MADISON
c. CITY OR TOWN EDWARDSVILLE
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 117 A NORTH MAIN STREET 8/20 8

3. NAME OF DECEASED (Type or Print)
a. (First) ERNEST
b. (Middle) J.
c. (Last) HAMBLEY

4. DATE OF DEATH (Month) (Day) (Year) 3-28-56

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 6-28-1887
9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) TERRYVILLE, SO. DAKOTA
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH HAMBLEY
13b. MOTHER'S MAIDEN NAME JANE WARBUTTON
14. NAME OF HUSBAND OR WIFE ARLENE HAMBLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 334 01 9615
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP.RECORDS,915 N.GRAND,ST.LOUIS,MO.

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) CEREBRAL VASCULAR ACCIDENT WITH ENCEPHALOMALACIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

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
19b. MAJOR FINDINGS OF OPERATION 33.1 x
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1956, *to* 3-28, 19 56 *and that death occurred at* 6:30pm., *from the causes and on the date stated above.*

23a. SIGNATURE R. A. WILLIAMS (Degree or title) MD
23b. ADDRESS VAH,915 N.GRAND,ST.LOUIS,MO.
23c. DATE SIGNED 3-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-29-56
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Edwardsville,Ill.

DATE REC'D BY LOCAL REG. MAR 29 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weber Funeral Home,Edwardsville,Ill

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 em

by me, or by B. H. Weber, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. H. Weber

Licensed Embalmer No. 1...

P. O. Address Edwards

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.