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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **35133**

FILED OCT 29 1956

BIRTH NO. REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **246**

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| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles | | c. CITY OR TOWN St. Peters | 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. Joseph Hospital | | e. STREET ADDRESS (If rural, give location) 0920 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Margaret c. (Last) Ambler | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 18, 1891 |
| 9. AGE (In years last birthday) 65 | | # UNDER 1 YEAR Months 6 Days 3 | # UNDER 12 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY home | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Carmel, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Bernard Kirchner | |
| 13b. MOTHER'S MAIDEN NAME Eva Holbig | | 14. NAME OF HUSBAND OR WIFE Charles 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 Julia Kirchner Bethman | | ADDRESS St. Peters, 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, asphyxia, 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 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Atherosclerosis 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 331X | |
| 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) (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 21 Oct, 1956 , to 21 Oct, 1956 , that I last saw the deceased alive on 21 Oct, 1956 , and that death occurred at 6 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Rene J. Seumontier M.P. | | 23b. ADDRESS 0 Mallon Mo. | |
| 23c. DATE SIGNED 23 Oct 56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 10-23-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY All Saints | | 24d. LOCATION (City, town, or county) (State) St. Peters, Mo. | |
| DATE REC'D BY LOCAL REG. Oct 23 1956 | | REGISTRAR'S SIGNATURE Harriet Hammett | |
| FUNERAL DIRECTOR'S SIGNATURE Geo. Steinfater | | ADDRESS St. Peters Mo. | |

(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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 82

P. O. Address..... Dallas

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.