

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36500**

FILED NOV 7 - 1956

BIRTH NO.		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>2498</b>	
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 township) OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>Maryland Heights</b>		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 <b>St. Louis County Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Gill Avenue Box 324 RE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEE</b>		b. (Middle)		c. (Last) <b>RAMBO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20, 1956</b>	
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 5, 1905</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) <b>Creve Coeur, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		13a. FATHER'S NAME <b>Lee Rambo</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Wirt</b>	
13c. NAME OF HUSBAND OR WIFE <b>Virginia Rambo</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		15. SOCIAL SECURITY <b>489-10-8677</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Virginia Rambo</b>	
16. ADDRESS <b>Maryland Heights</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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intracerebral hemorrhage</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>331X</b>	
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 <b>10-20-</b> , 19 <b>56</b> , to <b>10-20</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>10-20-</b> , 19 <b>56</b> , and that death occurred at <b>9:50p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>G. E. Smith M.D.</b>				23b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>		23c. DATE SIGNED <b>10/21/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-24-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pattonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-23-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donk</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William H. Biss, Inc.</b>		ADDRESS <b>2504 Woodson Rd - Overland, Mo.</b>	

(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 *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Overland*

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.