N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28149

File No.

Registered No. 7242

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4537 McPherson Ave St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Louise Keith Ambler

(a) Residence, No. 1537 McPherson St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin S. Ambler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25 - 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
~~80~~	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 83

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mass

FATHER

13. NAME Bezer Keith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Mass

MOTHER

15. MAIDEN NAME Dolly Lyon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

17. INFORMANT Mary Wheeler Keith
(ADDRESS) 4537 McPherson Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Aug 24 1933

19. UNDERTAKER C. R. Lupton and Sons
(ADDRESS) 4449 Olive Street

20. FILED AUG 23 1933, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1933.

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1933, to August 22, 1933

I last saw her alive on August 22, 1933. Death is said to have occurred on the date stated above, at 1030 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(A) Cerebral Hemorrhage	Aug 15 1933
(B) Arterio Sclerosis	May 1930
(C)	

Other contributory causes of importance:

Arterio Sclerosis	May 1930

Name of operation Date of

What test confirmed diagnosis? Lab. & Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. M. Gibson, M. D.

(Address) 4337 Washington Blvd St Louis Mo