

S. No. 2  
M-5-43  
r. 5-17-39  
p. I X3667

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42088

FILED DEC 24 1946

1003

State File No. \_\_\_\_\_  
Registrar's No. 10534

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4616 Enright  
(d) Length of stay: In hospital or institution ---  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frances Ambrister  
3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Ambrister  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Unavailable 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 45 -- -- hr. min.

9. Birthplace California Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name Andrew Holland

13. Birthplace Louisville, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Williams

15. Birthplace California Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Ambrister  
(b) Address 4616 Enright

17. (a) Burial (b) Date thereof 12/10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director Charles J. Gates  
(b) Address 4107 Finney Ave.  
19. (a) Dec 2 1946 (b) J. T. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County ave  
(c) City or town St. Louis 12/7  
(d) Street No. 4616 Enright  
(e) Citizen of foreign country? --- (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 6th  
year 1946 hour 5:05 minute P.M. M.

21. I hereby certify that I attended the deceased from Nov. 15th 1946 to December 6th 1946  
that I last saw her alive on December 6th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 1 Day

Due to Hypertension 83 2 Yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury (1)  
23. Signature W. J. P. ... (M. D. or other) \_\_\_\_\_  
Address 2336a Market St. Date signed 12/7/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
40898

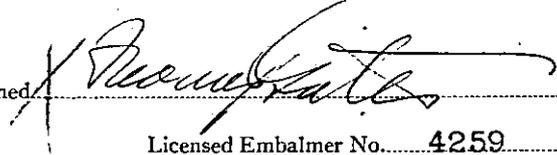
MOTHER FATHER

**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.....

.....**Thomas J. Gates**....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No.....**4259**.....

P. O. Address.....**4107 Finney Ave.**.....

**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 this body is not embalmed, fact should be so stated above.**