

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20717**
Registrar's No. **4879**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4879	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				d. STREET ADDRESS (If rural, give locality) 17-3201 RUSSELL BLVD			
3. NAME OF DECEASED (Type or Print) a. (First) ELLA		b. (Middle) _____		c. (Last) AMBROSE		4. DATE OF DEATH (Month) (Day) (Year) JUNE 2-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 2 AUGUST 28-1869	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY OWN		9. AGE (In years last birthday) 79	
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PATRICK MALONEY		13b. MOTHER'S MAIDEN NAME ELLEN DRISCOLL	
14. NAME OF HUSBAND OR WIFE HARRY G. AMBROSE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Maloney	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* THROMBOSIS MIDDLE CEREBRAL ARTERY-LEFT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fall on apt. steps				INTERVAL BETWEEN ONSET AND DEATH Three days Many years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.; road) 3203 RUSSELL		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APR. 13, 1949 4:00 PM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt. Apparently had Stroke on 3/25/49					
22. I hereby certify that I attended the deceased from APR. 23, 1949 , to JUNE 2, 1949 , that I last saw the deceased alive on JUNE 2, 1949 , and that death occurred at 10:05 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James N. Cummings				23b. ADDRESS 444 N. Euclid		23c. DATE SIGNED 6/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 6-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. JUN 5 1949		REGISTRAR'S SIGNATURE J. B. Vasaler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schner 3125 Lafayette av			

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4914

P. O. Address 3125 Foye St

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.