

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23655**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **822**

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Joseph

c. LENGTH OF STAY (In this place)

4 Hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo.

b. COUNTY

Buch.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Joseph, Mo. 0117

d. STREET ADDRESS (If rural, give location)

602 N 23rd St.

3. NAME OF DECEASED (Type or Print)

a. (First)

DALE

b. (Middle)

-

c. (Last)

Ambrozi

4. DATE OF DEATH (Month) (Day) (Year)

Aug. 1, 1952

5. SEX

MALE

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

8-1-52

9. AGE (In years last birthday) (If under 1 year Months) (If under 12 mos. Days) (If under 12 mos. Hours) (If under 12 mos. Mins.)

- - - 4 Hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Joseph, Mo

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Martin Ambrozi

13b. MOTHER'S MAIDEN NAME

DIANA SUT

14. NAME OF HUSBAND OR WIFE

newborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no no

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME CITY ADDRESS

MARTIN AMBROZI, JR. 602 N. 23RD

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

ANTECEDENT CAUSES

Morbidity 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.

atelectasis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

7625

20. AUTOPSY?

YES NO

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)

St Joseph Buch. Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-1, 1952** to **8-1, 1952**, that I last saw the deceased alive on **8-1, 1952**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE

H. B. Petersen M.D.

23b. ADDRESS

St Joseph Mo

23c. DATE SIGNED

8-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

8-2-1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24d. LOCATION (City, town, or county) (State)

St. Joseph, Missouri

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

Carl C. Casu

25. FUNERAL DIRECTOR'S SIGNATURE

John A. Kuehn

ADDRESS

St. Joseph, Mo.

(Licensed Embalmer) Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117
0

8/15 203

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 _____

body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, Mo.*

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.