

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 509

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		c. LENGTH OF STAY (in this place) 44 Years	c. CITY OR TOWN University City d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6380 WASHINGTON BLVD.		e. STREET ADDRESS (If rural, give location) 6380 Washington Blvd.	

3. NAME OF DECEASED (Type or Print) JESSE	a. (First)	b. (Middle) Hamilton	c. (Last) AMBLER.	4. DATE OF DEATH (Month) (Day) (Year) FEB. 26, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 13, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: Vice Pres.	10b. KIND OF BUSINESS OR INDUSTRY Merck & Co. Inc.	11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert Ambler.	13b. MOTHER'S MAIDEN NAME Margaret	14. NAME OF HUSBAND OR WIFE unk	Sarah C. K. Ambler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 499-05-5540	17. INFORMANT'S SIGNATURE OR NAME Morris K. Ambler; 6380 Washington Blvd	ADDRESS 6380 Washington Blvd
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma		12-18 mos
	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. Terminal pneumonia		3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 203X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 16, 1954, to Feb 26, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE John B. Shapleigh M.D.	(Degree or title)	23b. ADDRESS 3700 Washington	23c. DATE SIGNED FEB 27, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-1-1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 2-27-54	REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons; 7233 Delmar Blvd.,	ADDRESS
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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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.