

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008206
State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>547</u>	Registrar's No. <u>396</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>	c. CITY OR TOWN <u>Bellefontaine Neighbors</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2328 Collette</u>		
3. NAME OF DECEASED (Type or Print) <u>LORETTA</u>		a. (First)	b. (Middle)	c. (Last) <u>AMBERSLEY</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1958</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 12, 1895</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Herr</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gerhardt</u>		14. NAME OF HUSBAND OR WIFE <u>John Ambersley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500 24 3256</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Ambersley 2328 Collette</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sigmoid Polypsis - Intussusception + Peritonitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>211X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feb. 5-1958</u> <u>Jan 9th 58+</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Jan 14 - Colectomy & drainage</u> <u>Jan 27 - Ileostomy</u> <u>Feb 3 - Ilio Transverse Colectomy + cystectomy</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Jan 11, 1958</u> , to <u>Feb. 5, 1958</u> , that I last saw the deceased alive on <u>Feb. 4, 1958</u> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Herbert R. Danke M.D.</u>		(Degree or title)	23b. ADDRESS <u>2739 N.O. Grand</u>	23c. DATE SIGNED <u>2-7-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2/10/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/10/58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buchholz Mortuary 5967 W. Florissant Ave.</u>		

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.....
Signature of Student Embalmer

Signed *Wilfred A. Bucher*.....

Licensed Embalmer No. *453*.....

P. O. Address *A. Fox*.....

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.