

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21901**  
Registrar's No. **6036**

**MAILED** JUL 15 1952

BIRTH-NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6036</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bend</b>		91208	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>403 W Central</b>			
3. NAME OF DECEASED a. (First) <b>JOSEPH</b> (Type or Print)		b. (Middle) _____		c. (Last) <b>DEAMBROGIO</b>		4. DATE OF DEATH (Month) <b>6</b> (Day) <b>25</b> (Year) <b>52</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>9-23-1908</b> AGE (In years last birthday) <b>43</b> 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) <b>Self Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louis Deambrogio</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine</b>		14. NAME OF HUSBAND OR WIFE <b>Marno Dell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Dell Deambrogio</b> ADDRESS <b>Bend Ill</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYELOSCLEROSIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>5 YEARS</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ANEMIA; OLIGURIA</b>				<b>5 YEARS</b> <b>1 WEEK</b>	
19a. DATE OF OPERATION <b>6/25/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>SPLENECTOMY</b>				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) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2923</b>			
22. I hereby certify that I attended the deceased from <b>5/30</b> , 19 <b>52</b> , to <b>6/25</b> , 19 <b>52</b> that I last saw the deceased alive on <b>6/25</b> , 19 <b>52</b> , and that death occurred at <b>9:20 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>G.B. Rader</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>600 S. KINGSHIGHWAY</b>		23c. DATE SIGNED <b>6/25/52</b>	
24a. BURIAL (CREMATION) REMOVAL (Specify) <b>6-25-52</b>		24b. DATE <b>6-25-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>Bend St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 27 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b> 4104 Manchester Ave			

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis 570

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.