

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19470

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1063

City.....

(No.)

File No.

Registered No.

5142

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

3957 Maffett St.

11

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male

white

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mollie J. Lambert (nee Callahan)

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 24 - 1880

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, ... hrs. or min.

46

11

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Merino

10. NAME OF FATHER

Joseph Lambert

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gloucester

12. MAIDEN NAME OF MOTHER

Anna Mues

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gloucester

14.

INFORMANT

(Address)

City Hospital

15.

JUN -2 1927

ma b Stancosky

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 1 1927

17.

I HEREBY CERTIFY That I attended deceased from May 26, 1927, to June 1, 1927, that I last saw him alive on June 1, 1927, and that death occurred, on the date stated above, at 6:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 (Interstitial)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

10, 9 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Thos C. Miller, M. D.
11, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bethania

JUNE 3 1927

20. UNDERTAKER

Math. Hermann and Son
4103 E. West
Florissant, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Lambert.