

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

Do not use this space.
2745

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**

File No.

Primary Registration District No. **1003**

Registered No. **317**

(No. **Barnard Skin & Cancer Hospital** Ward)

2. FULL NAME

Alexander Lambert

(a) Residence. No. **213 E Priman** St. **1** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 24-1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 0 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Fireman**
(b) General nature of industry, business, or establishment in which employed (or employer) **Stationary**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Missouri**

PARENTS
10. NAME OF FATHER **John Lambert**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
12. MAIDEN NAME OF MOTHER **Marcella Belor**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT **John Lambert**
(Address) **6726 Vermont**

15. FILED **10 1928** **Max C. Starceoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-8-28** 19 **28**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 25** 19 **27**, to **Jan 8** 19 **28** that I last saw him alive on **Jan 8** 19 **28**, and that death occurred, on the date stated above, at **3:20** p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Oropharynx advanced (adenocarcinoma)

46A (duration) yrs. **3** mos. ds.

CONTRIBUTORY Surgical shock (SECONDARY) (duration) yrs. mos. ds. **2 ds. 5**

18. WHERE WAS DISEASE CONTRIBUTED **Home**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **12-20-27** **11-7-28**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONDUCTED? **Operation - microscopical**

(Signed) **Jayne Kuehl** M. D.

1-8-28, 19 (Address) **Barnard Skin & Cancer 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 **Mount Alene**

DATE OF BURIAL **1-11** 19 **28**

20. UNDERTAKER **Southern**

ADDRESS **7315**

S. Brandy

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.

