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

Do not use this space.

21679

File No. .....

Registered No. .....

1. PLACE OF DEATH

County St Louis Registration District No. 784

Township St Louis Primary Registration District No. 6030

City ..... (No. Emerald Hospital St. ..... Ward)

2. FULL NAME Albertine Lambert.

(a) Residence. No. 4163 Magnolia Ave St., ... Ward. .....

(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	66	2	5	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Albert Lambert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Margaret Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

14. INFORMANT George Lambert

(Address) 6336 Wydown

15. FILED June 11, 1928 C. J. Schuldt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1928

17. I HEREBY CERTIFY, That I attended deceased from May 6 1928 to June 9 1928, that I last saw h. alive on June 9th 1928, and that death occurred, on the date stated above, at 5:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

I (a) Chronic Myocarditis (duration) yrs. 7 mos. 3 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not know

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Typical symptoms

(Signed) Geo A Johnson, M. D

6/9, 1928 (Address) Box 201 Route 32 Ferguson Mo

*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 Bellefontaine — DATE OF BURIAL June 12 1928

20. UNDERTAKER A. Frow Ld & U Co. — ADDRESS 2707 N Grand Blvd

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.