

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City M. Louis

(No. 603-4)

Rutger

File No.....

25424

Registered No.....

7236

St.....

Ward.....

**2. FULL NAME**

(a) Residence. No. 603-4

(Usual place of abode)

Rutger

St.,

2nd Ward.

Length of residence in city or town where death occurred

yrs.

mos.

da.

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

yrs.

mos.

da.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female

4. COLOR OR RACE

White

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

widowed

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

Jesse Lambert

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

Aug. 6/1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

11

4

**8. OCCUPATION OF DECEASED**

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

housewife

(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)

Adams Illinois

**10. NAME OF FATHER**

Unknown Carter

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

(STATE OR COUNTRY)

unknown

**12. MAIDEN NAME OF MOTHER**

unknown

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

(STATE OR COUNTRY)

Unknown

**14.**

INFORMANT

(Address)

Sylvia Becker 603 Rutger street

**15.**

FILED

May 12 1928 May C Stanley

REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

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

July 10 1928

17.

I HEREBY CERTIFY, That I attended deceased from

June 10 1928

that I last saw him alive on July 10 1928, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Endocarditis  
91A  
106A

(duration)

yrs.

mos.

da.

CONTRIBUTORY (SECONDARY)

Acute Bronchitis

non Tubercular

(duration)

yrs.

mos.

da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

Place of death

DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Thickening

(Signed)

W. J. Sandbury

July 11, 1928 (Address)

1419 So. 7th

\*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

W. Pickers Cem.

7-13 1928

**20. UNDERTAKER**

ADDRESS

Witt Bros & Co., 2929 S. Jefferson Av.

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.

THIS IS A PERMANENT RECORD

