

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

Do not use this space.

256659

1. PLACE OF DEATH

County St. Louis Registration District No. 734
Township St. Louis Primary Registration District No. 600
City Black Jack (No.) St. Ward

2. FULL NAME

(a) Residence. No. 2 Hortense Place 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
23 9 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Vice Pres. Wm. Hoffman
(b) General nature of industry, business, or establishment in which employed (or employer) Corporation
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Albert B. Lamborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Myrtle M. Lamborn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT G. B. Lamborn
(Address) 2 Hortense Place

15. FILED 7/30, 1929 C. H. Schwade REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29, 1929

17. I HEREBY CERTIFY, That I attended deceased from , 1929, to , 1929, that I last saw him alive on , 1929, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acroplane accident
(Acroplane fell to ground)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Multiple fractures of
intestines, etc.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Black Jack, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic's report
(Signed) John E. Smith, M. D.

7/30, 1929 (Address) Home of St. Louis City
*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 Bellfontaine DATE OF BURIAL July 31, 1929
20. UNDERTAKER Wagoner ADDRESS 3621 Union

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.

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