

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

Do not use this space.

2697

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. St. Lukes Hospital St. Ward)

Registration District No. 791
7003
Primary Registration District No.

File No.
Registered No. 127

2. FULL NAME

Annie Lambert

(a) Residence. No. 6134 M^o Person St. 5 Ward.
(Usual place of abode)

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

Female White

4. COLOR OR RACE

Widowed

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

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

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

Aug 27, 1857

7. AGE

YEARS

MONTHS

DAYS

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

72

4

7

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)

(STATE OR COUNTRY)

Alsace Lorraine

10. NAME OF FATHER

Jacob Heiser

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alsace Lorraine

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alsace Lorraine

14. INFORMANT

(Address)

Mrs. Julia Grafemann
6134 M^o Person St.

15. FILED

FILED

5-1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 4 1930

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19..... to Jan 4, 1930
that I last saw him alive on Jan 3, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
10/11/29 (duration) yrs. 6 mos. ds.
108
93c

CONTRIBUTORY (SECONDARY)

unresolved pneumonia (left side) (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH?

no DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Frank R. Zimmerman, M. D.
1/4 1930 (Address) 3701 Westminster

*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

Calvary Cem

Jan 6 1930

20. UNDERTAKER

ADDRESS

Alfred L. G. Co. 2702 N. Grand

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.

235

9

