

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.

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

Do not use this space.

31445

1. PLACE OF DEATH

County.....

Registration District No. 781

Township.....

Primary Registration District No. 1003City St. Louis Mo. (No.)Sanitarium

File No.

Registered No. 9052

St. Ward)

2. FULL NAMEAlbert Lambert(a) Residence. No. UnknownSt. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 4 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)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Dec. 18, 1882**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1

day,hrs.

ormin.

47829**8. OCCUPATION OF DECEASED**

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

Cook & Shoemaker.

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

Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri**10. NAME OF FATHER**Charles Lambert**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown Illinois**12. MAIDEN NAME OF MOTHER**Unknown**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Pennsylvania**14.**

INFORMANT

(Address)

W. F. McNamee M.D.
5400 Arsenal St.**15.**

FILED

SEP 19 1930SEP 19 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**Sept 17th 1930**17.**

I HEREBY CERTIFY, That I attended deceased from

July 1st 1930 to Sept 17th 1930
that I last saw him alive on Sept 15th 1930 and that death occurred, on the date stated above, at 5:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chorea (Huntington)
87B(duration) 4 yrs. 1 mos. 25 ds.**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) William F. McNameeSept 17th 1930 (Address) 5400 Arsenal St

*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**St. Mathews Cem.9-19 1930**20. UNDERTAKER****ADDRESS**Wm. Laughlin 1631 W. 2nd

