

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

Do not use this space.

**38912**

1. PLACE OF DEATH  
 County St. Louis Registration District No. 1170  
 Township Central Primary Registration District No. 6248H  
 City Richmond Heights St. Mary Hospital File No. \_\_\_\_\_  
 Registered No. 260  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Florus Lamb  
 (a) Residence, No. 7439 Liberty Ward. Vinito Pk.  
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18 1899</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>6</u>
	DAYS <u>21</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Book Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lamb Motor Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1 1931</u>	11. Total time (years) spent in this occupation <u>4yr</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Luke Lamb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Ann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Luke Lamb</u> (ADDRESS) <u>7439 Liberty</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic</u> DATE <u>11/11 31</u>		
19. UNDERTAKER <u>Chas. Killip</u> (ADDRESS) <u>416 W. Taylor</u>		
20. FILED <u>11/10</u> 19 <u>31</u> ; <u>62 Jusem</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-5 1931 to 11-9 1931  
 I last saw her alive on 11-8 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
General Peritonitis  
Perforation of Colon  
Bacillary Dysentery  
Ulcerative Colitis  
 Date of onset 1

Other contributory causes of importance: 15B  
13B 12B  
120B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify. Re. Musella, M. D.  
 (Signed) \_\_\_\_\_  
 (Address) 415 Beaumont Bldg  
St. Louis Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

No. 2. 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.

DEC 26 1931

