

**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. 791
 Township St Louis Primary Registration District No. 18. St.
 City St Louis (No. 1457)

File No. 21509
 Registered No. 5298
 St. Ward)

2. FULL NAME

(a) Residence, No. 1457 18. St. 23 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 69 yrs. mos. 11 da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Winfred Lucy Lamb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28-64</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>-</u>
	DAYS <u>17</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>Letter Carrier.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U.S. mail.</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
MOTHER	13. NAME <u>George Lamb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Winfred Lucy Lamb</u> (ADDRESS) <u>1457 18 St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jun 19 33</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. S. Mordell</u> <u>1926 Allen</u>		
20. FILED <u>JUN 17 1933</u> <u>J. F. Brebeck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1930, to June 15 1933
 I last saw him alive on June 13 1933. Death is said to have occurred on the date stated above, at 3:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
930
97
930
 Other contributory causes of importance:
Atherosclerosis
8
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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? no
 If so, specify As mentioned
 (Signed) W. S. Mordell, M. D.
 (Address) 3115 - D. Grand

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

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2

