

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.

AUG 20 1933

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

Do not use this space.

24584

1. PLACE OF DEATH

County St. Louis Mo.
Township St. Louis Mo.
City St. Louis Mo. (No. 1003)

Registration District No. 791
Primary Registration District No. 1003

File No. 24584
Registered No. 5971
St. 1003 Ward 1003

2. FULL NAME

(a) Residence, No. George Lambert Ward 1003
(Usual place of abode) Gateways Hotel

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. (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel Lambert</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1865</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>11</u>	DAYS <u>5</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>Retired Cooper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lambert Casing Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1 - 1933</u>	
	11. Total time (years) spent in this occupation <u>51 1/2</u>	

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) MO

13. NAME Albert Lambert

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Mueller

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Margaret Lambert
(ADDRESS) Gateways Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellevue DATE July 10 1933

19. UNDERTAKER Edwin P. Beck
(ADDRESS) 2707 N. Grand St.

20. FILED 11-7-1933
J. F. Brudeck
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1933 to 7-6, 1933

I last saw him alive on 7-6, 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder
with metastases
51 1/2
51
Other contributory causes of importance:

Name of operation Biopsy Date of 7-6-33
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 7-6-33
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Wendell H. Scott, M. D.
(Signed) BARNES HOSPITAL
(Address)

4

10 7 34

10 7 34