

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

Do not use this space.

25000

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5081 a N. Kingshighway) St. Ward

File No.
 Registered No. 6417

2. FULL NAME

Charles E. Lamb
 (a) Residence, No. 5081 a N. Kingshighway Ward. (If nonresident, give city or town and State)
 (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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Lamb</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 - 1852</u> | | | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>9</u> | DAYS <u>8</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>P.P. Machinist</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | | |
| | 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>Marion Ohio</u> | | | | |
| FATHER | 13. NAME <u>James Lamb</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Unk</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk</u> | | | |
| 17. INFORMANT <u>Thomas J. Butler</u> (ADDRESS) <u>5081 a N. Kingshighway</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshall town Iowa</u> DATE <u>7-26-33</u> | | | | |
| 19. UNDERTAKER <u>John Benteman</u> (ADDRESS) <u>5077 Sycamore</u> | | | | |
| 20. FILED <u>LLL</u> <u>4</u> 19 <u>33</u> <u>J. F. Bredeck</u> Registrar. | | | | |

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1933

22. I HEREBY CERTIFY That I attended deceased from March 29, 1933 to July 24, 1933
 I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 2:40 p.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Chronic Myocarditis Do not know
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Other contributory causes of importance:
Chronic Interstitial Do not know
nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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?.....
 If so, specify Chas. A. Morrison, M. D.
 (Signed) Gerald R. Morrison, M. D.
 (Address) 5-330 Geraldine

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.

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