

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

Do not use this space.

35265

File No. 9783
Registered No. 9783
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 101
Township _____ Primary Registration District No. 003
City St. Louis (No. 20390) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 4259 Page (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Doris [unclear]
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Canton Ohio

13. NAME Wm Lambert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Elizabeth Ludrick

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

17. INFORMANT (ADDRESS) Blair [unclear] City [unclear]

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews DATE Nov. 13 1933

19. UNDERTAKER (ADDRESS) Gay B Smith 1745 1/2 Manchester

20. FILE NO. NOV 13 1933 J. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1933, to 10/31 1933

I last saw him alive on 10/31 1933. Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:
Coronary artery thickening
hypertension

Other contributory causes of importance: _____

Name of operation Federal Dissection Date of _____ 1933

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 _____, 1933

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 _____

(Signed) J. Biedeck M. D.

(Address) City [unclear]

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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