FEB 27 1934

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

Do not use this space.

3280

File No. 920

Registered No.

1. PLACE OF DEATH

County

Township St Louis Mo

City (No. 2329 Rutger St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Charles Lambert

(a) Residence, No. 2329 Rutger St., — Ward.
(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.

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22-1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Employed

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) Adams Co Ill

FATHER

13. NAME Joseph Lambert

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Bessie Boyd
(ADDRESS) 2329 Rutger St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Jan 26 1934

19. UNDERTAKER Faith & Ambuster Mort Co
(ADDRESS) 4234 Manchester Ave

20. FILED Jan 30 1934 J. F. Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Jan 23, 1934

Last saw h.... alive on Jan 27, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	8 years
87B	
97	

Other contributory causes of importance:

Senile Aortic Sclerosis	2

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

(Signed) H. Louis Schweikert, M. D.

(Address) 2100 Chouteau Ave

Dr. Schanchat
Chouteau - Broadway
over drug store