

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SEP 13 1934Registration District No. 791Township 1003Primary Registration District No. 791City St. Louis(No. 1003)PaulsheimSt. 8763

Ward

2. FULL NAME

Christ Lambert (alias Lumbrecht)(a) Residence, No. 6006 Hancock

(Usual place of abode)

St. 14 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. X mos.ds. How long in U. S., if of foreign birth? 14 yrs. 0 mos. 0 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15, 1862</u>		
7. AGE	YEARS	MONTHS
<u>71</u>	<u>9</u>	<u>7</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>Beer Master</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Beer Brewery</u>
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Prussia13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Prussia15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Prussia17. INFORMANT W.F. Williams M.D.
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U DATE 8-30-193419. UNDERTAKER Walter Richter
(ADDRESS) 3500 Baiter St20. FILED 1003 10 19
J. J. Biebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22nd, 193422. I HEREBY CERTIFY, That attended deceased from July 1st, 1930 to Aug 22nd, 1934last seen alive on Aug 22nd, 1934 Death is saidto have occurred on the date stated above, at 1000 a.m.

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

Date of onset

Broncho Pneumonia 8/18/3473610/11 ABC

Other contributory causes of importance

Chr. hyperaciditis 7/1/30Name of operation clinical Date of 7/1/30What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? clinical Date of injury 7/1/30, 1934Where did injury occur? clinical

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury clinicalNature of injury clinical

24. Was disease or injury in any way related to occupation of deceased?

If so, specify clinical(Signed) William F. Williams, M. D.(Address) 5400 Arsenal St.

