

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.

FEB 8 1936

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

Do not use this space.

43906

1. PLACE OF DEATH

County Demiseat

Registration District No. 655

Township Highway

Primary Registration District No. 5872

City St. Louis

(No.)

St.

Ward)

2. FULL NAME

Glean Lombert

(a) Residence, No.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

infant

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

L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

9-18-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

2

13

OCCUPATION

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

L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

L

10. Date deceased last worked at this occupation (month and year)

L

11. Total time (years) spent in this occupation

L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

13. NAME

Philip Lombert

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

Blytheville Ark

15. MAIDEN NAME

Edna Buys

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

Halland Mo.

17. INFORMANT (ADDRESS)

Philip Lombert
St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calverton

DATE

12-1-1934

19. UNDERTAKER (ADDRESS)

German Death Co.
St. Louis Mo.

20. FILED

1/1

19

35

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-1-1934

22. I HEREBY CERTIFY, That I attended deceased from

11-30

1934, to

19

I last saw him alive on 11-30, 1934. Death is said

to have occurred on the date stated above, at 4 P.

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

pneumonia
109R

Date of onset

Other contributory causes of importance:

neg
109

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide?

Date of injury

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. R. Chapman
St. Louis Mo.

, M. D.

(Address)

