JAN 14 1935

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

Do not use this space.

44918

File No. 12069

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. St. Anthony Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sister M. Lamberta, (Elizabeth Huebner)

(a) Residence, No. 3520 Chippewa St. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40 years	0,	18	

OCCUPATION

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

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

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) Brighton, Ill.

FATHER

13. NAME John Huebner

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

MOTHER

15. MAIDEN NAME Catherine Ries

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

17. INFORMANT Sister M. Ludgera Sec.
(ADDRESS) 3520 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL
SS. PLACE Peter and Paul DATE Dec. 22, 1934.

19. UNDERTAKER J. H. Hebert L & U Co.
(ADDRESS) 2842 Meramec St.

20. FILED DEC 21 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from December, 1933, to December 20, 1934

I last saw her alive on December 20, 1934. Death is said to have occurred on the date stated above, at 5:15 P.m.

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

	Date of onset
(Cardiac) Chr. myocarditis	
Arteria sclerosis	

Other contributory causes of importance:

Nephritis, Acute exacerbation of Chronic	

Name of operation None Date of

What test confirmed diagnosis? Edema 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) N. S. Moore, M. D.

(Address) Frisco Bldg.

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.