

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

Do not use this space.

MAR 4 1935

3927

1. PLACE OF DEATH

County ST LOUIS

Registration District No. 1170

Township CENTRAL

Primary Registration District No. 6248H

City RICHMOND HTS (No. ST. MARYS, HOSPT.)

File No.

Registered No. 11

St. Ward)

2. FULL NAME GLENN L. LAMBERT

(a) Residence, No. St. Ward. 8304 EADS AVE VINITA PARK

(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 15 1926

7. AGE YEARS 8 MONTHS 9 DAYS 30 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SCHOOL BOY 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) ST LOUIS MO (STATE OR COUNTRY)

FATHER 13. NAME GLENN L LAMBERT SR

14. BIRTHPLACE (CITY OR TOWN) ST LOUIS MO (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME JOHANNA FRATZKE

16. BIRTHPLACE (CITY OR TOWN) ST LOUIS MO (STATE OR COUNTRY)

17. INFORMANT GLENN L LAMBERT SR (ADDRESS) 8304 EADS

18. BURIAL, CREMATION, OR REMOVAL PLACE WATER LOO IOWA DATE 1-18- 1935

19. UNDERTAKER BAUMANN BROS MORTUARY (ADDRESS) 2504 WOODSON AVE OVERLAND MO

20. FILED 115 1935 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1935, to Jan 14 1935

I last saw him alive on Jan 14 1935. Death is said to have occurred on the date stated above, at 12:22 pm. The principal cause of death and related causes of importance were as follows:

Date of onset 1-13-35
Acute Myocarditis
1-11-35
Probable Bronchitis

Other contributory causes of importance:

Name of operator Chas. R. R. Date of yes
What test confirmed diagnosis? Chas. R. R. Where an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, homicide? Date of injury, 19...

Where injury occurred (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Character of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.

(Signed) Rev J. M. Riley M. D.
(Address) 8105 Page Blvd

