

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

Do not use this space.

JAN 13 1936

41083

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

City.....

City.....

Ward.....

2. FULL NAME

(a) Residence, No. 5800 Arsenal St., 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 4 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) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Mary Lambert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 76 1 8

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

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)

13. NAME Char. Lambert

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Wm. W. Winkler
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 7 1935

19. UNDERTAKER Larry Muller and Co.
(ADDRESS) 5166 Delmar

20. FILED 6 1035 19 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/30 1935, to 12/4 1935

I last saw him alive on 12/4 1935 Death is said

to have occurred on the date stated above, at 8:15 P.M.

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

Chronic myocarditis

Other contributory causes of importance:

arteriosclerosis

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....., 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?.....

If so, specify.....

(Signed) C. E. Smith, M. D.

(Address) Des Moines Hospital

