JUN 6 1936

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

Do not use this space.

21130

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5034, Minerva St., ... Ward)

File No. .....

Registered No. 5389

2. FULL NAME Victoria E. Lambrechts

(a) Residence, No. 5034 Minerva St., 6 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: Female

4. COLOR OR RACE: Wh

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emile J. Lambrechts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1862

7. AGE: Years 73 Months 5 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Long Creek Missouri

FATHER

13. NAME: Joseph Daumont

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

MOTHER

15. MAIDEN NAME: Eurelia Vincents

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

17. INFORMANT (ADDRESS): Emile J. Lambrechts 5034 Minerva

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 5-23 1936

19. UNDERTAKER (ADDRESS): Chas. L. Stuart 1225 Union Blvd

20. FILED MAY 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from September, 1932, to May 18, 1936

I last saw him alive on May 18, 1936. Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
Myocarditis, Chronic	4 yrs.
Degeneration	

Other contributory causes of importance:

Hypertension	Many years
General Arterio Sclerosis	
Goitre, Toxic adenoma	

Name of operation None Date of .....

What test confirmed diagnosis? EKG 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) Hiram S. Leggett, M. D.

(Address) 3720 Washington Blvd

JE 1557.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10M-3-28-35