DEC 3 1936

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

Do not use this space.
42956

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1002

City St. Louis (No. City Hospital #1 St. ..... Ward)

File No. 11529
Registered No.

2. FULL NAME Sarah Seabrooke Lambert

(a) Residence, No. 5333 Cabanne Ave St., 5 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	19	1	

OCCUPATION

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

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) (STATE OR COUNTRY) Kentucky

FATHER

13. NAME Theodore E. Seabrooke

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

MOTHER

15. MAIDEN NAME Altha Chapman

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

17. INFORMANT (ADDRESS) Hilda Frankel Parkin Arkansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE Nov 20 1936

19. UNDERTAKER (ADDRESS) Feetz brothers 5029 Lafayette Ave

20. FILED NOV 20 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1936 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 o'c p.m.

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

	Date of onset
Bichloride of Mercury Poisoning. Self administered of Remedies 11-18-36	

Other contributory causes of importance:

Suicide

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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

Accident, suicide, or homicide? Suicide Date of injury 11/18, 1936

Where did injury occur? St Louis
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Poison

Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) [illegible]

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.

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

Margaret Lyman

Room #10

Nick