

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

JAN 10 1937

Do not use this space.

46874

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Christian Hospital)

791

1008

File No.....

Registered No.....

12696

St. Ward)

2. FULL NAME

DORA B. LAMBERT

(a) Residence, No. 4758 Labadie Avenue

(Usual place of abode)

Ward.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
47 11 13

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

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) Illinoise

13. NAME Robert Embry 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Ellen McClure

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

17. INFORMANT Miss Virginia Lambert (ADDRESS) 4758 Labadie Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Dec. 28, 1936

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED DEC 26 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1936, to Dec 24 1936. I last saw him alive on Dec 24 1936. Death is said to have occurred on the date stated above, at 2:30 P. M. The principal cause of death and related causes of importance were as follows:

Vegetative Endocarditis subacute Endocarditis cause unknown.

Other contributory causes of importance:

Name of operation..... Date of..... What test confirmed diagnosis? Phys Exam 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) J. G. McJannet, M. D. (Address) 5014 Thekla Ave

