

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

File No.....

10373

Township.....

Primary Registration District No.....

1003

Registered No.....

2945

City St. Louis Mo.(No. CITY HOSPITAL #)

St.

Ward)

2. FULL NAME

NORA LAMBERT(a) Residence, No. 2334 A RUTGER

St.

22 Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

FEMALE

WHITE

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEDWARD LAMBERT

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

MARCH 29 - 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

29

11

15

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.HOUSEWIFE9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MISSOURI

13. NAME

JOSEPH MORI14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MO.

15. MAIDEN NAME

ALVINA EICHORN16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MO.

17. INFORMANT

EDW. LAMBERT

(ADDRESS)

2334 A RUTGER ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CALVARY CEM.

DATE

MARCH 17 1937

19. UNDERTAKER

E. J. SCHNUR

(ADDRESS)

31206 4 AFA YETTE AV.

20. MAR 16 1937

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

MARCH 14 1937

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 1:30 A.M.

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

Date of onset

Dislocation Cervical Vertebra
Trauma of Spinal Cord, Cerebral
Trauma of Lacerating scalp
received when struck by Cph
Wheeler, in which deceased was
Other contributory factors:
struck by light signal
riding at Clinton Jefferson
12:45 A.M. 3/12/37
Accident

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? yes

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

Accident, suicide, or homicide? Accident Date of injury 3/12 1937

Where did injury occur?

St. Louis Mo.

(Specify city or town, county, and State)

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

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)

(Address)

Alfred J. Perry
Deputy Coroner

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.

