NOV 23 1937

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

Do not use this space.

38803

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township ~~Clayton~~ — Primary Registration District No. 6033a — Registered No. 374
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Baby Boy Lamb (John Frederick Lamb)
(a) Residence, No. 6375 Sherry, Pinelawn, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred life yrs. mos. 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-37

7. AGE — YEARS: — MONTHS: — DAYS: 34 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) Clayton, Mo.

FATHER
13. NAME John Lamb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia, Missouri

MOTHER
15. MAIDEN NAME Virginia Mixey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Park, Missouri

17. INFORMANT (ADDRESS) mother, Virginia Lamb 6375 Sherry, Pine Lawn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Park Mo DATE 10/13 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Ave

20. FILED 10/12 1937 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-9-37, 19, to 10-12-37, 19
I last saw him alive on 10-12-37, 19 Death is said to have occurred on the date stated above, at 4:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	9-9-37
Partial Pyloric Stenosis	

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Other contributory causes of importance:

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) A P Pandiani, M. D.
(Address) St Louis County Hospital

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.

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