

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.

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

39133  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791  
(b) Township..... Primary Registration District No. 1008  
(c) City. St Louis Mo (d) Street No. Deaconess Hospital Registered No. 10120  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eugenie R Lombert  
(a) Residence, No. 7357 Maple Ave. St. RP Maplewood Mo  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Jan 3, 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 9 25  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer  
9. Industry or business in which work was done, as 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) St Louis (STATE OR COUNTRY) Mo.  
13. NAME Charles E Lombert  
14. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) La  
15. MAIDEN NAME Rose Carlin  
16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

17. INFORMANT Miss Brummer (ADDRESS) 7357 Maple  
18. BURIAL, CREMATION, OR REMOVAL PLACE St Ann's Cemetery DATE Nov. 2 1937  
19. FUNERAL DIRECTOR Jay B Smith Funeral Home (ADDRESS) 1457 Manchester Ave.  
NOV 1 1937 J. Bredeck  
20. FILED Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28 1937  
22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1937, to Oct 28 1937  
I last saw h.c. alive on Oct 29 1937. Death is said to have occurred on the date stated above, at 11:15 P.m.  
The principal cause of death and related causes of importance were as follows:

Right Heart Legion Due to Cerebral Apoplexy  
Plural effusion (eff.)  
Date of onset Oct 28, 37  
10-6-37

Other contributory causes of importance: 82a

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Physic. findings 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) T. R. Weber M. D.  
(Address) 2816 Fulton Ave  
Maplewood, Mo

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rawland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Howard F. Rawland

Licensed Embalmer No. 3114

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**