

REC'D APR 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
CERTIFICATE OF DEATH

Do not use this space.

11675

1. PLACE OF DEATH

County New MadridRegistration District No. 605Township ComoPrimary Registration District No. 425City St. Louis(No. 1)St. St. LouisWard 1

2. FULL NAME

(a) Residence, No. Geo LambertSt. St. LouisWard. 1

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFLou Lambert

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

9-3-63

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.83610

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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)Ill.

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Matthew

DATE

3-1419. UNDERTAKER
(ADDRESS)

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-13 1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb 15 1939, to Mar 13 1939I last saw him alive on Mar 13 1939 Death is saidto have occurred on the date stated above, at 12 A.M.

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

Arterio Sclerosis

Date of onset

Mar1939

Other contributory causes of importance:

Name of operation none Date of noWhat test confirmed diagnosis? clinical Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury no 1939Where did injury occur? no

(Specify city or town, county, and State)

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

Manner of injury noNature of injury no

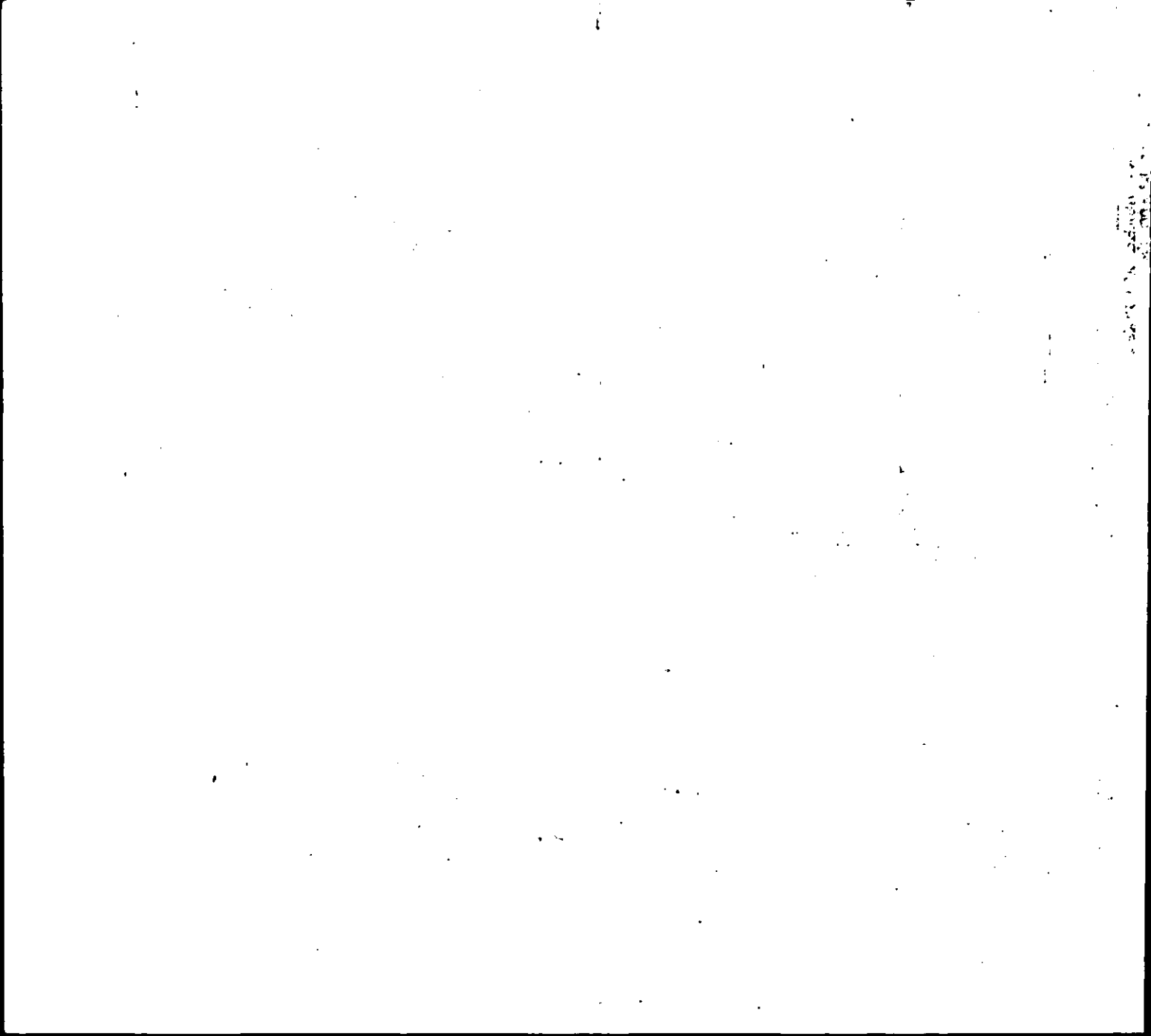
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E E Jones M. D.(Address) Licbourn no

534

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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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11675-
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 600-
(b) Township Como Primary Registration District No. 4358
(c) City _____ (d) Street No. _____ Registered No. _____
(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

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Lambert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1853
7. AGE YEARS 83 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Illinois

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Wally Lambert
St Louis mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthews DATE 3-14 03

19. FUNERAL DIRECTOR (ADDRESS) Hill Bros
Lillobohn mo

20. FILED 6/17 1939 Dr. Geo. H. H. H.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 15 to March 13, 1939
I last saw him alive on March 13, 1939. Death is said to have occurred on the date stated above, at 12-30 p.m.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis
Date of onset _____
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis clinical 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) E. E. Jones, M. D.
(Address) Lillobohn mo

MAY 12 1969