

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38059

State File No.

Registrar's No.

9898

DEC 13 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 2  
(b) City or town Saint Louis, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3702 Iowa Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1  
(c) City or town Saint Louis. 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3702 Iowa Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Susanna Lambur. 516

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Karl Lambur. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15th, 1855.  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 6

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 6

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]  
(b) Address 6117 South Grand, Ave.

17. (a) Burial (b) Date thereof Nov. 21st 39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery.

18. (a) Signature of funeral director [Signature]  
(b) Address 2623 Cherokee Street.

19. NOV 20 1939 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th.  
year 1939. hour 10 minute 5 P.M.

21. I hereby certify that I attended the deceased from 9/13/38, 19\_\_\_\_, to 11/17, 1939;  
that I last saw her alive on 11/17/38, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Chronic myocarditis ?  
Due to Arteriosclerosis ?

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 4247 Grand Date signed 11/20/39

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

**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.)**

**If this body is not embalmed, above space should be left blank.**