S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 932

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 932

FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5034 Minerva Avenue 2
(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

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5034 Minerva Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Emile Joseph Lambrechts 516

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Victoria Lambrechts

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased September (Month) 12, (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	16	— hr. — min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Oliver L. Garrison Sr. 0

FATHER
12. Name John F. Lambrechts 7
13. Birthplace (City, town, or county) Belgium (State or foreign country)

MOTHER
14. Maiden name Marie T. Parque 1
15. Birthplace (City, town, or county) Belgium (State or foreign country)

16. (a) Informant Orellia Lambrechts

(b) Address 5034 Minerva Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. L. Stuart

(b) Address 1225 Union Blvd

19. (a) JAN 30 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1940 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from Dec 10, 1936, to Jan 28, 1940;
that I last saw him alive on January 28th, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	18 hours
Arteriosclerosis — Hypertension	?
Cardiac hypertrophy	?
Due to Chr. Nephritis with uremia	?
Due to	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Delevan Calkins (M. D. or other) M. D.

Address 2701 N. Kingshighway Date signed Jan 29 1940

(Licensed Embalmer's Statement on Reverse Side)

2301 N. Kingsbury
11:30 A.M.

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 Albert L. Hoffa

Licensed Embalmer No. 2971

P. O. Address .....

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

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