

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12320**
Registrar's No. **643**

Registration District No. **784**

Primary Registration District No. **101**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **En Route St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5**
(Specify whether
In this community **-----**
years, months or days)

3. (a) PRINT FULL NAME **Henry Lambert**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **483-03-1000**

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Lambert** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Nov 28, 1899**
(Month) (Day) (Year)

8. AGE: Years **40** Months **4** Days **1** If less than one day **hr. min.**

9. Birthplace **Ripley Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance man**

11. Industry or business **Kirth Motor Car Co.**

12. Name **Freeman Lambert**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Boulah Fitzpatrick**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Elizabeth Lambert**

(b) Address **43 46 7th Market**

17. (a) **Burial** (b) Date thereof **4/3/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **W. H. Green**

(b) Address **3517 Locust St.**

19. **APR - 2 1940** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4546 N. Market.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **7** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **29**
year **1940** hour **40** minute **29** M.

21. I hereby certify that I attended the deceased from **2/15** to **2/29/40**
that I last saw him alive on **3/15** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency** Duration **48**

Due to **920**

Due to **920**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature **W. H. Green** (M. D. or other)

Address **43 22 N. Market** Date signed

40-4-1

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. K. Green

Licensed Embalmer No. *1173*

P. O. Address *3517 S. 1st St. N.*

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.