

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

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13292

State File No.

Registrar's No.

3494

Registration District No. 791

Primary Registration District No. 1003

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:  
St. Louis Children's Hosp 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community home  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 3520 Wisconsin  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17  
year 40 hour 1 minute 50 A.M.  
21. I hereby certify that I attended the deceased from 4-12  
\_\_\_\_\_, 1940 to 4-17, 1940  
that I last saw her alive on 4-17, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Sarcoma of kidney 6 mo.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations Reperitoneated Tumor  
very extensive Biopsy taken  
Of autopsy \_\_\_\_\_  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. Juppert (M. D. or other) M.D.  
Address Children's Hosp. Date signed 4/17

8. (a) PRINT FULL NAME Lambert, Joyce Ann  
(b) If veteran, name war child (c) Social Security No. child

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-17-39  
(Month) (Day) (Year)

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

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

10. Usual occupation child

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

12. Name Quincy Lambert  
13. Birthplace Ironton, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Essie Kelley  
15. Birthplace Jewett, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant mother  
(b) Address 416 S. Kings highway  
17. (a) Burial (b) Date thereof 4/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation MT. Hope Cem.

18. (a) Signature of funeral director M. H. McLaughlin  
(b) Address 2301 Lafayette Ave  
19. (a) APR 17 1940 (b) J. J. Juppert  
(Date received local registrar) (Registrar's signature)

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

**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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.