

Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **1717**

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: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 1 day**
(Specify whether
In this community **30 years**
years, months or days)

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

3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

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

7. Birth date of deceased **Aug. 21 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 19 hr. min.

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

10. Usual occupation **nil.**

11. Industry or business

12. Name **Nickolas Lambert**

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

14. Maiden name **Eva Reitling**

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

16. (a) Informant **Minnie M Lambert**

(b) Address **2506 Goodale Ave**

17. (a) **Burial** (b) Date thereof **9-11-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lee Free Cem.**

18. (a) Signature of funeral director **Baumann Bros**

(b) Address **2504 Woodson St. Overland Mo.**

19. (a) **SEP 10 1940** (b) **R. Meyer**
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Overland**
(If outside city or town limits, write "RURAL")
(d) Street No. **2506 Goodale**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9**
year **1940** hour **5** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **8-8-40**
to **9-9-40**

that I last saw him alive on **9-9-40**
and that death occurred on the day and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **1 wk**

Due to **Hypostatic Congestion** **1 WK**

Due to **Senility** **3**

Other conditions **Benign Prostatic Hypertrophy**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Benign Prostatic Hypertrophy**

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? (c) Means of injury

23. Signature **James David** (M. D. or other)

Address **St. Louis Co. Mo.** Date signed **9/10/40**

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

Oscar J. Mueller

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo.*

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, fact should be so stated above.