

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8796

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:
3938 Potomac St.
(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

3. (a) PRINT FULL NAME Andrew August Lambert

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olene 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Aug. 30 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 1 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Lambert
13. Birthplace Delassus Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Silyva
15. Birthplace Chestnut Ridge Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olene Lambert
(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof 10/27/80
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chestnut Ridge, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT 25 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Flat River NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 24 year 1940 hour 7:00 minute _____ M.

21. I hereby certify that I attended the deceased from 10/24/40 to 10/24/40 that I last saw him alive on 10/24/40 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombus Duration 1/2 hour

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings Of operation _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, list 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 Edw. Simpson (M. D. or other) M.D.
Address 3739 Grand Ave. Date signed 10/25/40

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.....

Guy W. Wilkinson

Licensed Embalmer No..... *2575*

P. O. Address.....

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.