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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5035

FILED MAR 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1283

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

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17
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1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo-Pac. Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph 299

(c) City or town Chester NR (If outside city or town limits, write "RURAL")

(d) Street No. O (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME WILLIAM JOESEPH LAMB

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife Helen Lamb.

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

7. Birth date of deceased Feb (Month) 24 (Day) 1884 (Year)

8. AGE: Years 56 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace King Mo. O (City, town, or county) (State or foreign country)

10. Usual occupation Engine Tender

11. Industry or business Railroad

FATHER
12. Name Albert Lamb.
13. Birthplace King O Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Y (City, town, or county) (State or foreign country)

16. (a) Informant John A. File

(b) Address Chester Ill

17. (a) Chester (Burial, cremation, or removal) (b) Date thereof Jan (Month) 18 (Day) 1941 (Year)

(c) Place: burial or cremation Chester Ill

18. (a) Signature of funeral director Oscar C Schroeder

(b) Address Chester Ill

19. (a) FEB 8 1941 (Date received in Registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1941 hour 1 minute 16 a M.

21. I hereby certify that I attended the deceased from Dec 13, 1941, to Jan 16, 1941 that I last saw him alive on Above date, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Stroke

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 W. H. Romlett (M. D. or other)

Address Missouri Pacific Hospital Date signed 1-16-41

(Licensed Embalmer's Statement on Reverse Side)

1283

1283

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.....

Licensed Embalmer No.....

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, above space should be left blank.