

MAY 13 1941
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:
5573 Delmar Blvd.
(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 Edith Sigler Lamb

3. (b) If veteran, name war..... No.
3. (c) Social Security No. None

4. Sex. Female 5. Color or race White
6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife..... John T.
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Aug. 28 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 26 hr. min.

9. Birthplace Princeton Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name..... D. B. Sigler

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

14. Maiden name..... Margaret Higgins

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

16. (a) Informant..... Ruby L. Gresham

(b) Address..... 5573 Delmar Blvd.

17. (a) Removal (b) Date thereof. 4/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Princeton, Ky.

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Ave.

19. (a) APP 24 1041 (b) [Signature]
(Unsubscribed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL") 17 12
(d) Street No..... 5573 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 24 day Apr
year 1941 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from Apr 23 to Apr 24 1941
that I last saw him alive on Apr 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of uterus
Due to.....

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... no

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?
While at work?..... (Specify type of place) (e) Means of injury..... B

23. Signature..... J. S. Homoy (M. D. or other)
Address..... 4923 Delmar Date signed 4/24/41

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.....

Ray W. Wilkinson

Licensed Embalmer No. *3575*

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.