No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20115

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4927

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 133
(c) City or town Collinsville (If outside city or town limits, write "RURAL") 11
(d) Street No. 107 North Chestnut (If rural, give location) Rfd
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Michael Lambert
3. (b) If veteran, name war no.
3. (c) Social Security No. 348-05-1829
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Divorced
6. (b) Name of husband or wife Lou Ella Lambert
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 18 (Day) 1879 (Year)

8. AGE: Years 62 | Months 2 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Mt Carmel (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Insurance
FATHER
12. Name John Lambert
13. Birthplace Alsace (City, town, or county) Lorraine France (State or foreign country)
MOTHER
14. Maiden name Barbara Peters
15. Birthplace Wabash Co (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs C Lambert
(b) Address 669 N. 36th St. East St Louis Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address 1416 St Louis Ave East St Louis Ill
19. (a) JUN 14 1941 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1941 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from May 27, 1941, to June 12, 1941; that I last saw him alive on June 12, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Posterior myocardial infarction (duration)
Due to Chronic glomerulo-nephritis
Due to arteriosclerosis advanced + generalized
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (e) Means of injury

23. Signature N K Bierman (M. D. or other)
Address BARNES HOSPITAL Date signed 6-12-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3577

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.