

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO
(b) City or town RURAL - ST. LOUIS COUNTY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Training School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs, 4 m. 11 days
(Specify whether in this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bellefontaine & Hall Roads
St. Louis Training School
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EUGENE LAMBURTH

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 29, 1923
(Month) (Day) (Year)

8. AGE: Years 18 Months - Days 13 If less than one day - hr. - min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Richard Lamburth

13. Birthplace Pike County Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mathie Ferguson

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

16. (a) Informant Records of St. Louis Training School

(b) Address Bellefontaine & Hall Roads

17. (a) Removal (b) Date thereof Jan. 13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Mo.

18. (a) Signature of funeral director W. A. Strick

(b) Address St. Louis Training School

19. (a) JAN 12 1942 (b) W. Mc Huron Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 th year 1942 hour Seven o'clock minute 2 min AM.

21. I hereby certify that I attended the deceased from December 1939 to Jan 11, 1942 that I last saw him alive on 1-10-42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to Infantile Spastic Quadriplegia
- congenital

Due to _____

Other conditions Mental Deficiency - Idiocy (Include pregnancy within months of death)

Major findings: Of operations 8721 Of autopsy _____

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 _____

23. Signature Stanley S. Nemes Mo. (M. D. or other)

Address St. Louis Training School Date signed 1-11-42

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

MOTHER FATHER

76
00

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. 3041

P. O. Address 2117 E. Grand

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.