

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8842

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3361

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:
Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one day**
(Specify whether
In this community **34 years**
years, months or days)

3. (a) PRINT FULL NAME **Dorothy Lambert**

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

4. Sex **Female** 5. Color or race **Wht.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jack Lambert** 6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **Oct. 15 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 5 28 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Hebry Bolle**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Sofia Bloemer**
15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Jack Lambert**
(b) Address **1724 Dolman Str.**

17. (a) **Burial** (b) Date thereof **4/16/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens**

18. (a) Signature of funeral director **W. E. McNeill**
(b) Address **1926 Allen Ave.**

19. (a) **APR 14 1942** (b) **J. F. Medest**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **1724 Dolman Str.**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **13**
year **42** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **March 7**
19**42** to **April 13** 19**42**
that I last saw him alive on **4-13** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Embolicism left iliac vein
Shock Duration **1 day 2 hrs**

Due to **Appendiceal abscess**

Due to **12/12**
Other conditions (Include pregnancy within 3 months of death) **12/12**

Major findings:
Of operations **Appendiceal abscess**
Of autopsy **Embolicism left iliac vein**
Subphrenic abscess 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.....

23. Signature **Thomas M. Martin** (M. D. brother)
Address **634 no grand** Date signed **4-13**

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 me
....., Registered Apprentice No. 1457
working under my personal supervision.

Signed.....

W. L. May dell
.....
Licensed Embalmer No. 1467

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.