S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36588

State File No.

FILED NOV 18 1943

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 9827

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: 6414 January Ave., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 6414 January Ave., (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Peter W. Lambing,

3. (b) If veteran, name war

3. (c) Social Security No. 492-09-6633

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

6. (b) Name of husband or wife Elsie E. Lambing,

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October (Month) 30, (Day) 1885 (Year)

8. AGE: Years 58 Months -0- Days 7 If less than one day hr. min.

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

10. Usual occupation Upholsterer

11. Industry or business Carson Furniture Co.,

FATHER 12. Name Peter J. Lambing,

13. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

MOTHER 14. Maiden name Annie Blanchton,

15. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Elsie E. Lambing,

(b) Address 6414 January Ave.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 11/10/43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park,

18. (a) Signature of funeral director Gebken-Berg Mortuary

(b) Address 2842 Nebraska St.

19. (a) NOV 9 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1943 hour 8: minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1943, 19 to Nov. 7, 1943, 19 that I last saw him alive on Nov. 1, 1943, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of heart	
Due to Myocarditis, Chr	5 wk (History)
Due to Nephritis, Chr	2 wk +
Other conditions Cirrhosis of Liver +	5 wk (History)

(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

Signature Norman B. Miller (M. D. or other) M.D.

Address 3610-16 S. Broadway Date signed 11-8-43

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, Mo.

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.