

FILED MAY 2 1944 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 17 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Mary Lambert

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

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 1 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Not Known
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. Informant Leo Bond
(b) Address 2624 Baldwin St
17. (a) Burial (b) Date thereof 4 25 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director A. J. Richards
(b) Address 2625 Washington
19. (a) APP (b) J. F. Bruck
(Date received 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")
(d) Street No. 2623 1/2 Baldwin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21, year 1944 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 4, 1944, to April 21, 1944
that I last saw him alive on April 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with De-compensation Duration Unk.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
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 Alva Mason (M. Doctor) Address 2601 1/2 Little Date signed 4/22/44

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

W. B. Richardson

Licensed Embalmer No.

2928

P. O. Address.

2625 Glasgow

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 3789

Registration District No. 318

Primary Registration District No. 1003

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:
(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

Mary Lambert

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married,
divorced Widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if
alive 18 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 13 Months 3 Days 1 In less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) MAY 4 1944 (Date received local registrar) J. F. Breach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1944 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 18 to 19 ;
that I last saw him alive on May 18 and that death occurred on the date and hour stated above.
Immediate cause of death Heart Duration

Due to

Due to

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

13031