

FILED JUL 15 1944 818

Registration District No. _____

Primary Registration District No. 1003

State File No. _____

Registrar's No. 5992

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:
4531 Red Bud Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 years, months or days)

3. (a) PRINT FULL NAME Mary Loretta Lambert

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Lambert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 6. 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Patrick McGovern

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

14. Maiden name Anna Burns

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

16. (a) Informant Howard Lambert(b) Address 4531 Red Bud Ave.

17. (a) Burial (b) Date thereof 7-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary18. (a) Signature of funeral director M. W. Stork(b) Address 2117 E. Grand Bldg.19. (a) JUL 5 1944

(Date received local registrar) (Registrar's signature)

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. 4531 Red Bud Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1944 hour 1 minute 5 A. M.

21. I hereby certify that I attended the deceased from 1934
_____, 19____, to July 4, 1944
that I last saw him alive on July 4, 1944
and that death occurred on the date and hour stated above
Immediate cause of death permanently
Duration _____

Due to _____
Due to _____

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

Major findings: _____
Of operations None

Of autopsy None

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 _____
Signature James J. Brady (M. D. or other)
Address 6125 B. B. B. Date signed 7/9/44

W. P. Reilly

6125 - Bartman

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.....

Frank A. Moore

Licensed Embalmer No. *3041*

P. O. Address. *2117 E. 1st*

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.