S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25874

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7489

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:
Missouri Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3611 Palm St. 0 10
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Washington Lambert

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Josephine Lambert

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

7. Birth date of deceased April (Month) 8 (Day) 1860 (Year)

8. AGE: Years 85 | Months 4 | Days 17 | If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Ezekiah Lambert
13. Birthplace Vienna (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Vienna (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Etta Reeder
(b) Address 3611 Palm St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) Aug 28 1945 (Date received local registrar) (b) J F Breech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1945 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from Aug 23
Aug. 23 1945 to Aug. 25 1945
that I last saw h. alive on Aug. 25 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Double Hypostatic Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Fracture left femur	
Major findings of operations None	
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) accident fall
(b) Date of occurrence Aug. 23 - 1945
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? (e) Means of injury

23. Signature Richard Grasse (M. D. or other)
Address 919 No Taylor Date signed 8/25/45

(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.....

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

working under my personal supervision.

Signed Albert F. Hufsee

Licensed Embalmer No. 2971

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.