V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29757

FILED SEP 20 1945

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3692

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

48
3
8

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1719 BENNINGTON 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1719 BENNINGTON 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 9

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD LAMBRECHTS

3. (b) If veteran, name war World War I

3. (c) Social Security No. 493-12-7574

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Single (1)

6. (b) Name of husband or wife —

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

7. Birth date of deceased May (Month) 29 (Day) 1889 (Year)

8. AGE: Years 56 Months 53 Days 32 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Moulder

11. Industry or business Larry Lewis Co Foundry

FATHER
12. Name Jewell Lambrechts
13. Birthplace Unkn (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unkn
15. Birthplace Unkn (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Rose L. Foege
(b) Address 3158 N. 13 st St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director J. P. Sheil

(b) Address Kansas City Mo

19. (a) 9-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
year 1945 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from Carney, 19..., to ..., 19...;
that I last saw h..... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary schiosis

Due to Arteriosclerosis

Due to .....

Other conditions 94 (Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy no History & Inspection

Duration

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 .....

23. Signature [signature] (M. D. or other) Carney

Address 1424 [illegible] Date signed 9-3-45

(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.....

Licensed Embalmer No. 3625

P. O. Address KC 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.