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**FILED** NOV 23 1945  
318

State File No. \_\_\_\_\_  
Registrar's No. **9927**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution **St. Louis City Hospital-Max C. Starkloff Memorial**

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

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8** (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")

Street No. **6619a S. Broadway** (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **EDWARD LAMBERT**

(b) If veteran, name war **No**

(c) Social Security No. **494-05-1644**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14th**

year **1945** hour **11:45** minute \_\_\_\_\_ P \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **1**

\_\_\_\_\_ 19\_\_\_\_, to **11/14/45**, 19\_\_\_\_

that I last saw h **im** alive on **11/14/45**, 19\_\_\_\_

and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Irene Lambert**

6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **November 1 1889**

(Month) (Day) (Year)

Immediate cause of death **Spontaneous Heart Disease**

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

**56 0 14** hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **Crane Operator**

11. Industry or business **Ruprecht Material Co.**

12. Name **Thomas J. Lambert**

13. Birthplace **Unknown**

(City, town, or county) (State or foreign country)

14. Maiden name **Mary McGonnell**

(City, town, or county) (State or foreign country)

15. Birthplace **Pennsylvania**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Irene Lambert**

(b) Address **6619a S. Broadway**

17. (a) **Burial** (b) Date thereof **Nov. 17, 1945**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **J. F. Bredeek**

(b) Address **7814 S. Broadway**

19. (a) **NOV 16 1945** (b) **J. F. Bredeek**

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

Physician \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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) (By means of injury)

23. Signature **J. F. Bredeek** **11/15/45**

(City or town) (Date signed)

Address \_\_\_\_\_

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

OCT 14 1947

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.