

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18621
Registrar's No. 4685

Registration District No. 318 Primary Registration District No. 1003

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Barbara Jean Lambert

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov. 14 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 6 7 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Calvin Lambert
13. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Eileen Fitchell
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Calvin Lambert
(b) Address 2111 Ann Ave.

17. (a) Burial (b) Date thereof 5-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director J.L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) MAY 25 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town 2111 St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2111 Ann Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1946 hour 10 minute..... p. M.

21. I hereby certify that I attended the deceased from May 21 to May 22, 1946
that I last saw her alive on May 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pneumonia 4 days
Primary

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature J. F. Bredeck (M. D. or other) MD
Address 1446 S. Brown Date signed 5-24-46

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. G. Peterson

Licensed Embalmer No.....

3767

P. O. Address.....

Overland 14 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.