

FILED AUG 27 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1737

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Dec 12, 1945
(Specify whether years, months or days)
In this community 54 Years

3. (a) PRINT FULL NAME LAMBERT, Frank A.

3. (b) If veteran, name was World I 3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Lambert 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 21, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 9 If less than one day 0 hr. 30 min.

9. Birthplace Waverly, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Tool Grinder

11. Industry or business _____

12. Name Unknown 9
13. Birthplace Unknown 1
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Dlerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof 8-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waverly, Illinois

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

19. (a) 8-24-46 (b) E. M. Harnan MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Morgan 99
(c) City or town Waverly 11
(If outside city or town limits, write "RURAL")
(d) Street No. None given 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
year 1946 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from 12-12-45, 19____, to 8-22-46, 19____,
that I last saw him alive on August 22, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
CORONARY ARTERIOSCLEROTIC HEART DIS*
EASE WITH MYOCARDIAL DAMAGE AND
Due to INSUFFICIENCY CLASS V UNK

Due to 93d

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings: No Operations
Of operations _____
Of autopsy No Autopsy
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) No
(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? E. C. Stilwell (Specify type of place)
23. Signature E. C. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Bks., Mo. Date signed 8-22-46

SEP 17 1946

APR 18 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

Henry M. Brammer
Licensed Embalmer No. 4200

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.