

FILED AUG 10 1946
 Registration District No. 371

Primary Registration District No. 6076

28340
 State File No.
 Registrar's No. 1808

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
236 Kayser Av. 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 _____
 years, months or days

3. (a) PRINT FULL NAME Lizzie Lambert

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race white

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

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

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

7. Birth date of deceased Dec 15 1880
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Edward Mock

13. Birthplace Jacksonville, Fla.
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown Edwards

15. Birthplace "
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Lambert

(b) Address 1226 Kayser S. Boyle Av.

17. (a) Burial (b) Date thereof 9-2-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Witt Bro. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) 9-2-46 (b) W. Helen Moore
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 237 Kayser Av.
 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
 year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/26 1946 to 8-30 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Duration 1 yr

Due to 48 hr

Due to _____

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

Major findings:
 Of operations _____

Of 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) _____

(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)

(e) Means of injury _____

23. Signature B. A. Hester (M. D. or other) MO

Address 439 Bate Date signed 8/30/46

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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 A. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson Ave

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.