

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31431

State File No.

Registrar's No. 1839

FILED SEP 24 1946

Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town BALLWIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PINE CREST HOMES
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/15/46 (Specify whether)
In this community 9/3/46 years, months or days

3. (a) PRINT
FULL NAME

LAMBERT, MINNIE MARY

3. (b) If veteran, ☒ name war

3. (c) Social Security No. ✓

4. Sex FE 5. Color or race W 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive 26 years (Month) (Day) (Year)
7. Birth date of deceased MARCH 26 1899 (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Bellerive, Ill. (City, town, or county) State or foreign country 1

10. Usual occupation Unemployed

11. Industry or business
12. Name John Lambert
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Minnie Weber
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Rev. William F. Dietze
(b) Address 9131 Shelley Ave - Overland, Mo

17. (a) Burial (b) Date thereof 9-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director Barman Bros Inc.
(b) Address 2504-Woodson Rd - Overland, Mo

19. (a) 9-7-46 (b) John Lambert (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 9131 Shelley Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1946 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 1 1946, to Sept 3 1946; that I last saw her alive on Sept 2 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration several

Due to General arteriosclerosis

Due to 93D

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 A. J. Morfitt (M. D. or other)
Address 3507 Poloma Date signed 9-6-46

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

30262

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... *Oscar F Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 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.