

No. 2
12-45
17-18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **6597**
Registrar's No. **1286**

FILED # **4850517** 1947 **318**
Registration District No. **1286**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital, Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NEWBORN**
(Specify whether years, months or days)
In this community **NEWBORN**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **BABY (FEMALE) LAMBERT**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife **NEWBORN** 6. (c) Age of husband or wife if alive **NEWBORN** years
7. Birth date of deceased **Feb. 7, 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **2 hr. 5 min.**

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

10. Usual occupation **NEWBORN**

11. Industry or business **NEWBORN**

MOTHER FATHER

12. Name **Michael Lambert**
13. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ora Lawson**
15. Birthplace **Mill Springs** **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rev. Olin James**
(b) Address **716 Blount St.**

17. (a) **Burial** (b) Date thereof **Feb. 8, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthews Church**

18. (a) Signature of funeral director **Chas. G. Bull**
(b) Address **4453 Washington Bl.**

19. (a) **FEB 7 - 1947** (b) **J. F. Bredebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0-00**
(c) City or town **St. Louis** **1/7**
(If outside city or town limits, write "RURAL")
(d) Street No. **7616 Keeling Ave.** **9**
(If rural, give location) **0**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **7th**
year **1947** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from **2/7/47**
19 to **2/7/47** 19
that I last saw her alive on **2/7/47** 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Intrauterine Hemorrhage?**
Pericardial Effusion?
Due to **New Born, neonatal death.**
Due to **Died within 2 hrs. after birth.**

Other conditions (Include pregnancy within 3 months of death) **0**

Major findings: Of operations **161**
Of autopsy **161**
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? **0** (Specify type of place) (e) Means of injury **0**

23. Signature **1515 Lafayette** (M. D. **2/7/47**)
Address **1515 Lafayette** Date signed **2/7/47**

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

John Litter

Licensed Embalmer No.

3880

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.