

FILED MAR 24 1947 18

1003

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4472 REAR EASTON AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 5 YEARS

3. (a) PRINT FULL NAME JOSEPH LAMBUS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-269063

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CALLIE 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: JAN. 19 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>1</u>	<u>24</u>	hr. min.

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

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name LIMON LAMBUS

13. Birthplace COLUMBUS MISS.
(City, town, or county) (State or foreign country)

14. Maiden name MARY JANE CALHOUN

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

16. (a) Informant Callie Lambert

(b) Address 4472 rear Easton Ave

17. (a) BURIAL (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM.

18. (a) Signature of funeral director Elmer C. Peltier

(b) Address 3030 BELL AVE.

19. (a) MAR 16 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County OSW

(c) City or town ST. LOUIS 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4472 REAR EASTON AVE
(If rural, give location)

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

If yes, name country History

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1946 to Mar 1, 1947
that I last saw him live on Mar 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arterio Sclerosis heart Disease

Due to ✓

Due to ✓

Other conditions none
(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) (e) Means of injury 0

23. Signature C. Moore (M. D. or other)

Address 4501 N. Easton Date signed 3-15-47

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.....

Ether H. Harris....., Registered Apprentice No. *416*
working under my personal supervision.

Signed.....
J. Claude Gordon

Licensed Embalmer No. *3487*

P. O. Address.....
4575 Aldine

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.