

No. 2
12-45
-17-39
X47070

FILED APR 14 1947

Primary Registration District No. 6076

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

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:
Veteran Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 3/12/47
(Specify whether years, months or days)

In this community 30 years

3. (a) PRINT FULL NAME LAMB, Luke Jr.

3. (b) If veteran, name war World I

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Florence I.

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased January 30, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>2</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Registrar, Vet. Adm. Hospital,

(b) Address Veterans Administration
Jefferson Barracks 23, Missouri

17. (a) B (b) Date thereof 4/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANARY CEM.

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address Overland, Missouri

19. (a) 4-7-47 (b) Paul C. Shultz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 737 Swarthmore Lane 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1947 hour 10:20 minute A.M.

21. I hereby certify that I attended the deceased from March 12, 19 47 to April 1 19 47;
that I last saw him alive on April 1 19 47;
and that death occurred on the date and hour stated above.

Immediate cause of death THROMBOSIS, CEREBRAL

Due to 63 yr

Other conditions PULMONARY ADEMA

(Include pregnancy within 3 months of death)

Major findings: No Operation

Of operations _____

Of autopsy Autopsy performed (See Cause of Death)

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? Yes (Specify type of place) _____ (City or town) (County) (State)

23. Signature E. STILWELL, M.D. (M. D. or other) _____

Address Vet. Adm. Hosp., Jeff. Bks., Mo Date signed 4/1/47

Duration UNK.

PHYSICIAN UNK.

Underline the cause to which death should be charged statistically.

APR 21 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 Al C Ostmann
Licensed Embalmer No. 3478

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.