

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 4020

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours  
(Specify whether in this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME James W. Lambert  
3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Catherine Lambert nee Larch  
6. (c) Age of husband or wife if 64 years  
7. Birth date of deceased May 17, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 29 hr. min.

9. Birthplace St. Charles Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Foreman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas J. Lambert  
13. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary McGonal  
15. Birthplace Unknown Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Lambert  
(b) Address 4515 Harris Ave

17. (a) Burial (b) Date thereof 4/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.  
(b) Address 2161 East Fair Ave

19. (a) APR 18 1947 (b) J. F. Fredrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County a.c.  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4515 Harris Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16 year 1947 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from day in April 1947 to April 16 1947 that I last saw him alive on April 16 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Rt. Cerebrum Duration 1 day

Due to unknown

Due to (General) 5 yrs.

Other conditions (Include pregnancy within 3 months of death) 82

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. F. Fredrick (M. D. or other) \_\_\_\_\_  
Address Y.H.H. & Son Date signed 4/17/47

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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

*Harold G. Burnley*

Licensed Embalmer No.

*4302*

P. O. Address

*St. Louis, 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.**