

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 14 1947

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

State File No. **15321**
4547
Registrar's No.

Registration District No. **318** Primary Registration District No.

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: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Arthur F. Lambur**

3. (b) If veteran, name war..... 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 **Elizabeth J. Lambur**
6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **February 8 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 **2** **26** hr. min. **0**

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

10. Usual occupation **Retired Salesman**

11. Industry or business **Bread Co**

12. Name **Henry Lambur**

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

14. Maiden name **Emma**

15. Birthplace **Alsace Lorraine**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Elizabeth Lambur**

(b) Address **2038 DeSoto**

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

(c) Place: burial or cremation **Old St. Peter & Paul Cem**

18. (a) Signature of funeral director **Calvin F Feutz**

(b) Address **4822 Nat. Bridge Blvd**

19. (a) **MAY 5 1947** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **917**
(d) Street No. **2038 De Soto Ave**
(If rural, give location) **9**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**
year **1947** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **4-25-47**, 19, to **5-4-47**, 19;
that I last saw him alive on **5-3-47**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate**
Duration **don't know**

Due to **51**
Due to.....

Other conditions **Coronary embolus** **1 minute**
(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? **2**

While at work?..... (Specify type of place)
(e) Means of injury.....

23. **Walter H. Soerensen M.D.**
Address **1506 St. Louis** Date signed **5-5-47**

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

MOTHER FATHER

