

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 22 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

19062

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4791

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4633 Lindell Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 2 mo.
years, months or days

3. (a) PRINT

FULL NAME

Anna Viola Lambert

8. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female race White

5. Color or

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

6. (b) Name of husband or wife
Robert Lambert

8. (c) Age of husband or wife if
alive 74 years

7. Birth date of deceased October 11, 1871
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

75

6

19

hr.

min.

9. Birthplace Franklin
(City, town, or county)

Illinois
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Le Roy Martin

13. Birthplace Franklin
(City, town, or county)

Illinois
(State or foreign country)

14. Maiden name Ellen Harrison

15. Birthplace Franklin
(City, town, or county)

Illinois
(State or foreign country)

16. (a) Informant Robert Lambert

(b) Address Carbondale, Ill.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 4, 1947
(Month) (Day) (Year)

(c) Place of burial or cremation Carbondale, Ill.

18. (a) Signature of funeral director W. F. VAN NATTA

(b) Address Carbondale, Ill.

19. (a) MAY 12 1947
(Date received local registrar)

(b) J. F. Bredich
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson
(c) City or town Carbondale
(If outside city or town limits, write "RURAL")
(d) Street, No. 201 1/2 W. main
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-30-47 day 30
year 47 hour 10:30 PM minute M.

21. I hereby certify that I attended the deceased from April 10
1947 to April 30 1947
that I last saw him alive on April 30 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral thrombosis
Stroke
Due to arteriosclerosis
Other conditions ✓
(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) 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? ✓ (Specify type of place) _____
Means of injury _____

23. Signature H. B. Mox (M. D. or other)
Address Carbondale, Ill. Date 5-1-47

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.....

Joe F. Van Natta....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe F. Van Natta
Licensed Embalmer No. 3246

P. O. Address Carbondale, Ill

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, above space should be left blank.