

National Office of Vital Statistics
Filed NOV 14 1947
Registration District No. 318

Primary Registration District No. 1003

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

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 Park Lane Hospital
(If not in hospital or institution, write street number or location)

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

In this community 55 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4697-Primm Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LAMBERT, Mary Elizabeth

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Richard F. Lambert

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 22 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>12</u>	<u>000</u> hr. <u>000</u> min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Joseph Nickles

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

14. Maiden name Kathryn Mc Cormick

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

16. (a) Informant Richard F. Lambert

(b) Address 4697-Primm St. St. Louis, 16

17. (a) Burial (b) Date there 11/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 2027-Gravois Ave. St. Louis, 16

19. (a) Nov 6 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4
year 1947 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from October 31, 1947, to November 4, 1947, and that I last saw h... alive on November 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation of heart.

Due to 50

Due to _____

Other conditions General carcinomatosis
(Include pregnancy within 3 months of death)

originated from left breast
Major findings: and invading plural cavity. Rt.

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? _____ (e) Means of injury _____

23. Signature J. F. Bredeck (Date received local registrar)

Address 4930 Lindell Blvd Date signed 11/5/47

PHYSICIAN

Underline the cause of which death should be charged statistically.

8/1

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 Francis J. Owens

Licensed Embalmer No. 2245

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.