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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

977

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35968

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10243

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:
1437 Amherst Terrace, 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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1437 Amherst Terrace, 9
(If rural, give location)
6
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Plumer O. Lamberton,
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex ~~Female~~ Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married, 1
6. (b) Name of husband or wife Lena A. Lamberton,
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased October 28, 1874
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	6	hr. min.

9. Birthplace Winona, Minnesota, 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Railway Express Clerk
11. Industry or business
FATHER
12. Name Arnold Lamberton,
13. Birthplace Minnesota, 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Owens,
15. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. P. O. Lamberton,
(b) Address 1437 Amherst Terrace,
17. (a) burial (b) Date thereof 11/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) NOV 6 1947 J. F. Brecheck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 4th day ~~19~~
year 1947 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11-4, 19 , to Date of Death 1947;
that I last saw him alive on December 28 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Sclerotic Heart Disease	years
Due to	
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.

Alfred Spery
County Coroner
Nov 8 1947
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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 0
23. Signature Daniel L. Sexton (M. D. ~~or other~~)
Address 607 N. Grand Ave Date signed 11-5-47

(Licensed Embalmer's Statement on Reverse Side)

Mr. Dan Sexton
University Club Bldg

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. R. J. Sangster

Licensed Embalmer No. 4290

P. O. Address 4141 Lindell Blvd.

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.