

FILED OCT 29 1947

Primary Registration District No. 3063

Registrar's No. 2240

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 1/2 days
(Specify whether
In this community City Resident
years, months or days)

3. (a) PRINT
FULL NAME

Lambert, Ronald
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 Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 5 - 17 - 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 5 4 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name August J. Lambert

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

14. Maiden name Catherine Handler

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

16. (a) Informant Fa. August J. Lambert

(b) Address 4915 Itaska, St. Louis

17. (a) Burial (b) Date thereof 10-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. Ziegenfuss

(b) Address 7027 Grand

19. (a) 10-24-47 (b) Paula J. Hupp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4915 Itaska
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1947 hour 4 minutes 2 M.

21. I hereby certify that I attended the deceased from October 16th, 1947, to October 21, 1947;
that I last saw him alive on October 21, 1947,
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Cardiorespiratory failure

Due to Acute Anterior Poliomyelitis 9 days
Subspinal type

Due to 36

Other condition Secondary Pleuritis
(Include pregnancy within 3 months of death)

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?..... (e) Means of injury.....

23. Signature M. M. Cook (M. D. or other) MD

Address St. Louis County Hosp Date signed 10-24-47

MAR 3 1948

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 W. D. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.