S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1947
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39871

Registrar's No. 11096

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:
Pronounce dead at Homer G. Phillips Hosp
(If not in hospital or institution, write street number or location)

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

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. 2331 Olive (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Houston Lambert

3. (b) If veteran, name war #2

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 3rd (Day) 1916 (Year)

8. AGE: Years 31 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Beardin (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER
12. Name Huey Lambert
13. Birthplace Beardin (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Lottie Thrower
15. Birthplace Beardin (City, town, or county) Ark (State or foreign country)

16. (a) Informant Lottie Lockhart
(b) Address Route 1 Box 316 Altheimer Ark

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Natl Jefferson Barracks Mo

18. (a) Signature of funeral director J.H. Randle & Son

(b) Address 3133 Bell Ave

19. (a) DEC 3 - 1947 (Date received local registrar) (b) J. J. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1947 hour 4 minute 08 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Depressed fracture of Skull: Laceration of Brain: Suffered when deceased jumped

Due to from third floor window of his room at 2331 Olive St.

Due to on Nov. 29th 1947, at about 4:08 P.M. Sucide while suffering

Other conditions from tembrary mental aberration
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not

Duration

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) Suicide

(b) Date of occurrence 11-29-47

(c) Where did injury occur? Home St. Louis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

While at work? (e) Means of injury as above

23. Signature Edna E. Taylor (M. D. or other)

Address 1849 E. Date signed 12/4/47

(Licensed Embalmer's Statement on Reverse Side)

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. L. H. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Okonite

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.