S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10382

FILED MAR 25 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2675

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3907 Delmar 9
Memorial (If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nana Chat Lamb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Daniel

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Jan. 6 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Mapville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Richardson
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Guiger
15. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel G. Lamb.
(b) Address 3907 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Beck, Mo.

18. (a) Signature of funeral director Drehmann Hargal
(b) Address 1905 Union Blvd.

19. (a) MAR 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1948 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from 3/14/48
19 , to March 16th 1948
that I last saw her alive on March 16th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro vascular accident - Thrombosis lenticulo striate artery left.

Due to generalized & cerebral arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 [signature] (M. D. or other) [signature]
Address 1515 Lafayette Date signed 3/16/48

Jefferson City Printing Co. (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 Warren A Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.