

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 14335
3728
Registrar's No.

FILED APR 30 1948

Registration District No. 918

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Stark
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH LAMBERT

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased September 5, 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Pinckneyville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Jim Armstrong

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lord

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

16. (a) Informant Carl McCaw

(b) Address 1823 So. 18th Street

17. (a) burial (b) Date thereof 4-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinckneyville, Illinois

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 20 1948 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 1801 Hickory Street 9
Memorial 22 (If rural, give location) no
(e) Citizen of foreign country? no (Yes or No) no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1948 hour 7 minute 05 P M.

21. I hereby certify that I attended the deceased from 3/18/48
to April 18th 19 48
that I last saw her alive on April 18th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death concomitant of the cancer - 8 to 1 yr Duration

Due to

Due to

Other conditions (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?

While at work (Specify type of place) (e) Means of injury

23. Signature Lee C. Hall (M. D. or other) 4/19/48
Address 1515 Lafayette Date signed

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.....

D. W. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Lafayette

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.