FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21062

Registrar's No. 5615

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location) O

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 20yrs

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") 17

(d) Street No. 5555 W Park Ave (If rural, give location) 9

(e) Citizen of foreign country? 4 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Clarence Lamb

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-3455

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Georgia

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec. (Month) 25. (Day) 1899 (Year)

8. AGE: Years 57 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Logan County (City, town, or county) Ky (State or foreign country)

10. Usual occupation Labor

11. Industry or business Bridges Asphalt Co

FATHER 12. Name Milton Lamb

FATHER 13. Birthplace Princton (City, town, or county) Ky (State or foreign country)

MOTHER 14. Maiden name Mollie Kimbrue

MOTHER 15. Birthplace Todd County (City, town, or county) Ky (State or foreign country)

16. (a) Informant Edith Lamb

(b) Address 2905 Carolina

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director L L Faber

(b) Address 2769 Chouteau, Ave

19. (a) JUN 22 1948 (Date received by local registrar) (b) J. T. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 6 minute a M.

21. I hereby certify that I attended the deceased from June 17, 1948, to June 20, 1948, that I last saw him alive on June 20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Decompensation — Duration: Undet.

Due to

Due to

Other conditions None (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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)

(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 Oscar L. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 6/21

(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~~ Tyner Hall, Registered Apprentice No. 221 working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 269 P

P. O. Address 2769 Chonte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.