No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27931

Registrar's No. 7351

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: St. Anns Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether years, months or days)

In this community 70 Years

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. 5301 Page Blvd 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Lamb

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Single 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 27, (Day) 1866 (Year)

8. AGE: Years 81 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Louisville, (City, town, or county) Kentucky (State or foreign country) 7

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Nicholas Lamb 4
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Byrne 4
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Nicholas Lamb
(b) Address 875 Leland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) AUG 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20th year 1948 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from July 25, 1948 to August 20, 1948 and that I last saw her alive on August 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia	Duration
	25 Yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 D. A. Dunbar (M. D. or other)
Address 4660 Maryland Ave. Date signed 8-24-48

(Licensed Embalmer's Statement on Reverse Side)

Olmos
Lic O[illegible]
#630 Warp and

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.