

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3583**

| | | | | | | | | |
|--|--|---|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 6076 | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland, Missouri | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | | 96 13 1 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 9005 Burton Avenue. | | | | d. STREET ADDRESS (If rural, give location) 9005 Burton Avenue. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Beatrice | | | b. (Middle) Lambeth | | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1949 | | | | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Mar 21, 1868 | | |
| 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months | | IF UNDER 48 HRS. Days | | Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (State or foreign country) Morrison, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. A. | |
| 13a. FATHER'S NAME John Dowler | | | 13b. MOTHER'S MAIDEN NAME Elizabeth Lambeth | | | 14. NAME OF HUSBAND OR WIFE Pierce Lambeth | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Licklider-9005 Burton Ave. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| ANTECEDENT CAUSES | | DUE TO (b) Mitastasis to Lung & Brain | | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) None 50 | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. None | | | | | | |
| 19a. DATE OF OPERATION 1944 | | 19b. MAJOR FINDINGS OF OPERATION Cancer of Breast | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 9/11 ¹⁹⁴³ to 9/22 ¹⁹⁴⁹ , that I last saw the deceased alive on 1-20 , 19 49 , and that death occurred at 7:40 a.m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Lucille Licklider M.D. | | | | 23b. ADDRESS 6125a Bartmer Avenue. | | 23c. DATE SIGNED | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/24/49 | | 24c. NAME OF CEMETERY OR CREMATORY Useful Cemetery | | 24d. LOCATION (City, town, or county) (State) Useful, Missouri | | |
| DATE REC'D BY LOCAL REG 1-24-49 | | REGISTRAR'S SIGNATURE Thurmond L. Leung | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd | | | |

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed

Oliver A. Jadhav

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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.