

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 2 1949

State File No. **25561**

No. 300
10-48

| | | | | | | | |
|---|--|---|------------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 3070 | | Registrar's No. 1509 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves | | c. LENGTH OF STAY (In this place) 3 | | c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Glenwood Sanatorium | | | | d. STREET ADDRESS (If rural, give location) Rural | | | |
| 3. NAME OF DECEASED (Type or Print) Nella Lambert | | | c. (Last) Klein | | | 4. DATE OF DEATH (Month) (Day) (Year) June 23 1949 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 9. AGE (In years) (Last birthday) 73 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY - C - | | 8. DATE OF BIRTH Unknown | | 11. BIRTHPLACE (State or foreign country) Portsmouth, Ohio | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Eugene S. Klein. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oliver J. Miller, 705 Olive St., | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 94a | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 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 May 27, 1946 , to June 23, 1949 , that I last saw the deceased alive on June 23, 1949 , and that death occurred at 5:10 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Paul Lines, M.D. | | | | 23b. ADDRESS Medical Sanatorium | | 23c. DATE SIGNED 6-23-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/25/1949 | | 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery; St. Louis, Missouri. | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. 6-24-49 | | REGISTRAR'S SIGNATURE Herbert C. Dornkemo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lupton & Sons; 7233 Delmar Blvd; | | | |

(Licensed Embalmers' Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.