

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 28275

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7600	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		600 17 a	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 11 4455 Page			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) _____		c. (Last) Lambert		4. DATE OF DEATH (Month) (Day) (Year) August 29, 1949	
5. SEX M		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH May 8, 1903	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pub		11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Lee Lambert		13b. MOTHER'S MAIDEN NAME Alice Butler		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Irma Sims 1166 N Jefferson ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Undet.	
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) 4468 (STATE) MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 136A					
22. I hereby certify that I attended the deceased from 8-5 1949 , to 8-29 1949 , that I last saw the deceased alive on 8-29 1949 , and that death occurred at 9:25p m., from the causes and on the date stated above.							
23a. SIGNATURE Mrs. J. Hedrick (Degree or title) M. D. O		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 8-31-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 3/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem		24d. LOCATION (City, town, or county) (State) St Louis MO	
DATE REC'D BY LOCAL REG. SEP 1 1949		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE F. L. Miller ADDRESS 4214 Delmar			

(Licensed Emballer's 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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Selman

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.