

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. R.C. Kress  
462 N. Taylor  
State File No. 38761

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 82			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kimmswick		c. LENGTH OF STAY (in this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) Kimmswick		50			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway 21 R. R. #1				d. STREET ADDRESS (If rural, give location) Hiway 21 R.R.#1					
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) JOHN		b. (Middle) J.		c. (Last) LAMB			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 22, 1901			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Woodenware Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Lamb		13b. MOTHER'S MAIDEN NAME Ann Erney		14. NAME OF HUSBAND OR WIFE Lela Lamb					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 492-03-3037		17. INFORMANT'S SIGNATURE OR NAME Lela Lamb		ADDRESS R.R. Kimmswick Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 11-16-49	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease.					
				DUE TO (c)					
18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								3/11	
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)		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 Nov 9, 1949, to Nov 10, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Royal R. W. ...				23b. ADDRESS 462 N. Taylor St. St. Louis		23c. DATE SIGNED 11-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/14/49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. NOV 12 49		REGISTRAR'S SIGNATURE Phil ...		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.,		ADDRESS Kirkwood, Mo.			

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

56

RECEIVED  
NOV 14 1949  
District Health Officer No. 9  
File Number

MAR 26 1958

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 Felix Hurand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 23 7

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.