

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31633

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7991

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louisc. LENGTH OF
STAY (In this place)
25d. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
State Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

Missouri

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louisd. STREET
ADDRESS (If rural, give location)
5400 Arsenal3. NAME OF
DECEASED
(Type or Print)

a. (First)

HOMER

b. (Middle)

LAMBERT

c. (Last)

4. DATE

(Month)

(Day)

(Year)

DEATH

SEPTEMBER 5, 1951

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-20-1910

9. AGE (In years
last birthday)

49

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR IN-
DUSTRY

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Peter Lambert

13b. MOTHER'S MAIDEN NAME

Frances Perkins

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Calvin Lambert, 2847 Chippewa, St. Louis

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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

Septicemia following decubital ulcers 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

Huntington's Chorea

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒NO ☐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 ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1951, to Sept. 5, 1951, that I last saw the deceased alive on Sept. 5, 1951, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

9-7-1951

24c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

24d. LOCATION (City, town, or county)

St. Louis County Mo.

(State)

DATE REC'D BY LOCAL
REG.

SEP 8 1951

REGISTRAR'S SIGNATURE

J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

McLaughlin Funeral Home 2501 Lafayette Ave
St. Louis, Mo.

(Licensed Embalmer'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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *3317 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.