

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1951

State File No. 43111
Registrar's No. 10156

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>20 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		4109		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9845 Green Valley Drive</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Edward</u> c. (Last) <u>Lamb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 22, 1949</u>		
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nihil</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Frankie C. Lamb</u>			13b. MOTHER'S MAIDEN NAME <u>Jo Ann Marie Krebs</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frankie Krebs 9845 Green Valley D</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr of skull; Laceration of brain</u> ANTECEDENT CAUSES <u>suffered about 1155 am Mar 13</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>to (b) 1951 when deceased</u> <u>struck by U. S. Mail Truck driven</u> <u>by Claude Williams in</u> II. OTHER SIGNIFICANT CONDITIONS (c) <u>about of about 9855 Green</u> <u>Valley Drive St. Louis Cnty Mo</u> Conditions contributing to the death but not related to the disease or condition causing death					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u> HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street</u>		21c. (CITY TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>St. Louis Cnty Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 13 5 11 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 8129</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:58 a. m.</u> , from the causes and on the date stated above. <u>25</u>								
23a. SIGNATURE (Degree or title) <u>Patrick E Taylor, Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11.15.51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>NOV 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Missouri</u>				

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 *L. M. White*

Licensed Embalmer No. *3975*

P. O. Address *Perquimans, Va*

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.