

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43112

11806

State File No. ....

Registrar's No. ....

FILED JAN 16 1952

318

1003

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo b. COUNTY 213

b. CITY (If outside corporate limits, write RURAL and give township)  
St Louis Mo

c. CITY (If outside corporate limits, write RURAL and give township)  
St Louis d. STREET ADDRESS (If rural, give location)  
5400 Arsenal

d. FULL NAME OF HOSPITAL OR INSTITUTION  
ST. LOUIS STATE HOSPITAL

3. NAME OF DECEASED  
a. (First) BENJAMIN b. (Middle) FRANCIS c. (Last) LAMBERT

4. DATE OF DEATH  
(Month) (Day) (Year)  
DEC. 30 1951

5. SEX  
male

6. COLOR OR RACE  
white

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

8. DATE OF BIRTH  
July 17, 1903

9. AGE (In years last birthday)  
48

IF UNDER 1 YEAR  
Months Days  
5 13

IF UNDER 24 HRS.  
Hours Mins.  
   

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Missouri

12. CITIZEN OF WHAT COUNTRY?  
0

13a. FATHER'S NAME  
Peter Lambert

13b. MOTHER'S MAIDEN NAME  
Frances Perkins

14. NAME OF HUSBAND OR WIFE  
Lillian Mediek

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Hospital Record

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Huntington's Chorea  
INTERVAL BETWEEN ONSET AND DEATH  
16yrs  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS:  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
255X

22. I hereby certify that I attended the deceased from June 4, 1945, to Dec. 30, 1951, that I last saw the deceased alive on 12-30, 1951, and that death occurred at 8:50pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Jack R. Riedel, M.D.

23b. ADDRESS  
5400 Arsenal Street

23c. DATE SIGNED  
1-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
JAN 10 1952

24c. NAME OF CEMETERY OR CREMATORY  
Graceland

24d. LOCATION (City, town, or county) (State)  
St. Louis, Mo

DATE REC'D BY LOCAL REG.  
JAN 1 1952

REGISTRAR'S SIGNATURE  
W. J. Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Rowland Mortuary Service

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.