

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3026**
0767

FILED FEB 14 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1380 Burd Ave.		d. STREET ADDRESS (If rural, give location) 1380 Burd Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Homer b. (Middle) Carl c. (Last) Lambert			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26, 1903
9. AGE (In years last birthday) 48		10. KIND OF BUSINESS OR INDUSTRY Royal Bedding	11. BIRTHPLACE (State or foreign country) Atlanta, Ga.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph G. Lambert		13b. MOTHER'S MAIDEN NAME Lucy Mayo	
14. NAME OF HUSBAND OR WIFE Ila		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. 382-09-8704		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ila Lambert, 1380 Burd Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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 <input type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		H201	
22. I hereby certify that I attended the deceased from Jan 18, 1952 to Jan 23, 1952 , that I last saw the deceased alive on Jan 18, 1952 , and that death occurred at 7 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W Roy Crompton, MD		23b. ADDRESS 6122 Page Blvd	
23c. DATE SIGNED 1-24-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-25-52	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Atlanta, Ga.	
DATE REC'D BY LOCAL REG. JAN 24 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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 J. Wm Bentley.....
Licensed Embalmer No. 3657.....

P. O. Address St Louis Mo.....

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.