

STANDARD CERTIFICATE OF DEATH

State File No.

4009

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

FILED OCT 29 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2617

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN FINDLAY 8129	
c. LENGTH OF STAY (In this place) 50 days		d. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) LOYD b. (Middle) L. c. (Last) LAMB (ARMY) LAMB (CORRECT)		4. DATE OF DEATH (Month) (Day) (Year) 10-9-52	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-18-90
9. AGE (In years less birthday) 61		IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATER MAINTAINER		10b. KIND OF BUSINESS OR INDUSTRY CITY EMPLOYEE	11. BIRTHPLACE (City and State or Foreign Country) ASSUMPTION, ILLINOIS
13a. FATHER'S NAME GEORGE LAMB		13b. MOTHER'S MAIDEN NAME EFFIE CLARK	14. NAME OF HUSBAND OR WIFE ERNESTINE LAMB
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BKS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNK.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE.		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.		4200		

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) (Min.)	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 **8-20-52**, 19**52**, to **10-9-52**, 19**52**, and that death occurred at **11:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. T. KATINSKAS, M.D.	23b. ADDRESS VA HOSP. JEFF. BKS, MO.	23c. DATE SIGNED 10-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10-10-52	24c. NAME OF CEMETERY OR CREMATORY Shelby County, Ill.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 10-10-52	REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

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.