

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **44039**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **3272**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES 4607</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RUGH NURSING HOME</b>		d. STREET ADDRESS (If rural, give location) <b>444 GRAY AVE 1</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>DAVID</b>	b. (Middle) <b>REED</b>	c. (Last) <b>LAMB</b>	(Month) <b>12</b>	(Day) <b>22</b>	(Year) <b>1952</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>5-20-1886</b>	9. AGE (In years last birthday) <b>66</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. PRACTICE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>CHAS. D. LAMB</b>	13b. MOTHER'S MAIDEN NAME <b>JULIA CLARK</b>	14. NAME OF HUSBAND OR WIFE <b>FLORENCE LAMB</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MAR. E. Cline</b>	ADDRESS <b>444 Gray ave</b>
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18. NO 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Atherosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>4200</b>		
	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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 1951**, to **Dec 22, 1952**, that I last saw the deceased alive on **Dec. 21, 1952**, and that death occurred at **6:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. Thurnbaum MD</b> (Degree or title)	23b. ADDRESS <b>3701 Grandel Sq</b>	23c. DATE SIGNED <b>12-23-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>12-24-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CREMATORY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>
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DATE REC'D BY LOCAL REG. <b>12-23-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Albrecht</b>	ADDRESS <b>7 Home Webster Groves Mo</b>
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\*Licensed Embalmer's Statement on Reverse Side

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

40 X

No. 300  
10-48

DEC 30 1952

JAN 29 1953

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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Maple Grove*

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.