

STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1953

State File No. 30162
Registrar's No. 7821

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7821 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2207 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 4 Hrs 4 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | | d. STREET ADDRESS (If rural, give location) 20 2815 Rauschenbach Ave | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Anna | | b. (Middle) Agnes | | c. (Last) Lambert | |
| 4. DATE OF DEATH | | August 9 1953 | | 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH May 15 1885 | | 9. AGE (In years last birthday) 68 | | 10. UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bindery Worker | | 10b. KIND OF BUSINESS OR INDUSTRY Curran Ppt Co | | 11. BIRTHPLACE (City and State or Foreign Country) S. I. Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Stephen Gittemeier | | 13b. MOTHER'S MAIDEN NAME Theresa | | 14. NAME OF HUSBAND OR WIFE Late Charles Lambert | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Sanders | | ADDRESS 2206A Sullivan Ave | |
| 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastro Malacia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 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 | | | | 20. AUTOPSY? YES <input checked="" 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) 334X | | | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P. M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Patricia E. Taylor | | (Design or title) Coroner | | 23b. ADDRESS 1300 Pearl | | 23c. DATE SIGNED 8.10.53 | |
| 24a. BURIAL, CREMATION, REMOVAL Removal | | 24b. DATE August 13 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery | | 24d. LOCATION (City, town, or county) (State) Florissant Mo | |
| DATE REC'D BY LOCAL AUG 10 1953 | | REGISTRAR'S SIGNATURE Calvin F. Putz | | 25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Putz | | ADDRESS 4828 Nat Bridge Blvd | |

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

Ralph C. Lister

Licensed Embalmer No. 4275

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.