

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH17204
State File No.
Registrar's No. 4344

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY	
b. CITY OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>45 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>8515 N Broadway</u>				<u>2089</u>	
3. NAME OF DECEASED (Type or Print) <u>George J. Lamborn</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>May 13, 1954</u>			Month		Day		Year		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 18, 1879</u>		9. AGE (In years last birthday) <u>74 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Clerk Wabash R Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hubbard City Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ephriam Lamborn</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Violet</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Idella Lamborn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>705-05-9851</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George J. Lamborn</u>			ADDRESS <u>8515 N. Broadway</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right cerebral vascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u>				years	
				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 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) -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>March 30, 1954</u> , to <u>May 13, 1954</u> , that I last saw the deceased alive on <u>May 13, 1954</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W Baumgartner</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3720 Washington Blvd., St. Louis</u>		23c. DATE SIGNED <u>5/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>			
DATE REC'D BY LOCAL REG. <u>MAY 14 1954</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>		ADDRESS <u>75 Delmar</u>			

Dr. Walter Baumgarten Jr
3710 Washington
Je 36729

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.....
Signature of Student Embalmer

Signed *Gas. E Mculloch*

Licensed Embalmer No. *246*
P. O. Address *6175 D*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.