

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24829

State File No.

BIRTH NO.

REG. DIST. NO. 318PRIMARY REG. DIST. NO. 1003Registrar's No. 7038

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS,</u>		c. CITY OR TOWN <u>ST LOUIS,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>353 WHITTIER ST NORTH</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>EDWIN LAMB</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB. 19, 1889</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>HUGH T. LAMB</u>	
13b. MOTHER'S MAIDEN NAME <u>CECELIA HEFFERNAN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I,</u>		16. SOCIAL SECURITY NO. <u>#353-01-7050</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CECILIA LAMB</u>		ADDRESS <u>5379 COTE BRILLIANTE</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs</u> 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>4201</u>		22. I hereby certify that I attended the deceased from <u>Aug 1953</u> to <u>July 28, 1954</u> , that I last saw the deceased alive on <u>7/28/54</u> , 1954, and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>462 N. Taylor</u>	
23c. DATE SIGNED <u>7/29/54</u>		24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>JUL 29 1954</u>		ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *m w Rueter*.....

Licensed Embalmer No. *4865*.....

P. O. Address *St Louis*.....

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.