

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31964

FILED SEP 16 1954

State File No.

7781

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 52.		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION # 2 HORTENSE PLACE				e. STREET ADDRESS (If rural, give location) # 2 HORTENSE PLACE 21290			
3. NAME OF DECEASED (Type or Print) MYRTLE		a. (First)		b. (Middle) McGREW		c. (Last) LAMBERT.	
4. DATE OF DEATH AUGUST 22, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	
8. DATE OF BIRTH Oct 30, 1878.		9. AGE (In years last birthday) 75.		10. UNDER 1 YEAR Months 75. Days 75. Hours 75. Min. 75.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George S. McGrew.		13b. MOTHER'S MAIDEN NAME Pinkey Donaldson.		14. NAME OF HUSBAND OR WIFE Albert Bond 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 ADDRESS Don L. Lambert #2 Hortense Place.			
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) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 4 mo ANTECEDENT CAUSES Morbidity 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 ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from 7 Aug., 1954 , to 22 Aug., 1954 , that I last saw the deceased alive on 21 Aug., 1954 , and that death occurred at 8:52 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) T. G. Shaker, M.D.		23b. ADDRESS 114 N. Taylor, (8)		23c. DATE SIGNED 23 Aug 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE 8/24/54.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. AUG 23 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.