

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14931**
Registrar's No. **3912**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

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 **26 St. Louis Chronic Hosp.**

e. STREET ADDRESS (If rural, give location) **1257 #5 N. 9th St.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Will** b. (Middle) _____ c. (Last) **Lambert**

4. DATE OF DEATH (Month) (Day) (Year)
4 22 1957

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **11-6-1875**

9. AGE (In years last birthday) **81**

If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Mo.**

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **John Lambert**

13b. MOTHER'S MAIDEN NAME **Mary Loving**

14. NAME OF HUSBAND OR WIFE **single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **unknown**

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME **Hospital Records** ADDRESS **5800 Arsenal St.**

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) **Arterio-sclerotic Heart Disease**
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) **420.0**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Generalized Arteriosclerosis**

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) (Minute) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **11-9-50**, 19____, to **4-22-57**, 19____, that I last saw the deceased alive on **4-22-57**, 19____, and that death occurred at **10:00** **am**, from the causes and on the date stated above.

23a. SIGNATURE **George M. Janke, M.D.** (Degree or title)

23b. ADDRESS **5800 Arsenal St.**

23c. DATE SIGNED **4/22/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **cremation**

24b. DATE **4-25-57**

24c. NAME OF CEMETERY OR CREMATORY **City Crematory**

24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **APR 24 57**

REGISTRAR'S SIGNATURE **Charles Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **Frank O'Donnell** ADDRESS **5800 Arsenal St.**

(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..

NOT EMBALMED CREMATED BY CITY

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.