

FILED JUL 26 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26295

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

6503

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis				Inside Limits Yes ☐ No ☐		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3806 Bowen				Length of stay in 1b		d. STREET ADDRESS 3806 Bowen (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Lionel A. Lambert				4. DATE OF DEATH Month Day Year July 11, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH Oct. 2, 1887	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman		11. BIRTHPLACE (City and state or country) Canada		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Andrew Lambert				14. MOTHER'S MAIDEN NAME Margaret Bakerr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Hilda Lambert 3806 Bowen			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery sclerosis</u> DUE TO (c) <u>arteriosclerosis</u> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.1</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>5 years</u> <u>years</u>							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ <u>2</u>							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8 April 1952</u> to <u>11 July 1957</u> and last saw <u>him</u> alive on <u>17 July 1957</u> Death occurred at <u>11:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph Edwards M.D.</u>				22b. ADDRESS <u>3720 Washington Blvd.</u>		22c. DATE SIGNED <u>7-12-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 15, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Southern Fun. Home 6322 So. Grand</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 12 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> <u>S.P.</u>	

DR JOE. EDWARDS

BEAUMOUNT BLDG

3750 WASH 1:00 P.M To 5:00 P.M

FR-1-3737

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Van Horn*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.