FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34429

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2234

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webster Groves — Inside Limits: Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 845 Clark Avenue — Length of stay in 1b: Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Webster Groves 4577 — Inside Limits: Yes X No ☐

d. STREET ADDRESS (If outside, give location): 845 Clark Avenue — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: HELEN Middle: WILDA Last: LAMBDIN

4. DATE OF DEATH Month Day Year: September 6, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED XX **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: March 29, 1896

9. AGE (In years last birthday): 61

IF UNDER 1 YEAR: Months 5 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Illinois

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Fred Collis

14. MOTHER'S MAIDEN NAME: ADELLA HALL

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Delta F. Lambdin 845 Clark Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH: unk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7954

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 a. m. p. m. Month, Day, Year

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 _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Herbert R. Donke M.D. Herbert R. Donke, M.D., Local Registrar

22b. ADDRESS: 651 S. Brentwood Blvd.

22c. DATE SIGNED: 9/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9 / 9 / 57

23c. NAME OF CEMETERY OR CREMATORY: Grand View Cemetery

23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR ADDRESS: C. R. Lupton & Sons 7233 Delmar

25. DATE RECD. BY LOCAL REG.: 9-8-57

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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300 1-56

County Coroner

Dr. Clarke

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. Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St. Louis

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