

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

46035
STATE FILE NUMBER
12632

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

S. 300
v. 1-57

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1		d. STREET ADDRESS (If outside, give location) 1507 a Benton St. Rear	
3. NAME OF DECEASED (Type or print) First DOROTHY Middle Last LAMBERT		4. DATE OF DEATH Month DEC. Day 28, Year 1957	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Edwardsville, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Finley		13b. MOTHER'S MAIDEN NAME Rose (Unknown)	14. NAME OF HUSBAND OR WIFE William Lambert
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-20-2191	17. INFORMANT Address William Lambert 1507 a Benton St. Rear
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of the Bladder 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): 181x			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 11-28-57 to 12-28-57 and last saw her alive on 12-28-57 Death occurred at 6:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Stuart A. Gaffe, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 12-28-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 31, 1957	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. DEC 31 57	26. REGISTRAR'S SIGNATURE Carl Smith JR

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Felix J. Krupar

Licensed Embalmer No. 3497

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.