

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

300  
 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) OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VETS ADMIN HOSPITAL		Length of stay in lb 6 Days	d. STREET ADDRESS (If outside, give location) 4531 RED BUD AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HOWARD Middle P Last LAMBERT			4. DATE OF DEATH Month 1 Day 27 Year 58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED, WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-6-97		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BURLINGTON, IOWA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY LAMBERT		13b. MOTHER'S MAIDEN NAME MARY MC GOVERN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> unknown) (If yes, give year or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 499-03-7096		17. INFORMANT VAH RECORDS 915 N. GRAND AVE ST. LOUIS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE EMPYEMA RIGHT PLURAL SPACE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ACUTE RUPTURE OF ESOPHAGUS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF THE BLADDER (PREVIOUSLY RESECTED) (18 MO)					INTERVAL BETWEEN ONSET AND DEATH 3 Days 3 Days
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 p.m.					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-21-58 to 1-27-58 and last saw him alive on 1-27-58 Death occurred at 4:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Arthur Auer</i> ARTHUR AUER (Degree or title) M.D.			22b. ADDRESS VAH ST. LOUIS, MO.		22c. DATE SIGNED 1/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-30-1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i> 3840 Lindell Blvd.			25. DATE RECD. BY LOCAL REG. JAN 28 '58		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> m86

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Francis Williams*

Licensed Embalmer No. *3565*  
P. O. Address *3840 Leide*

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.