S. No. 300
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FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-011903

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2812

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY

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

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) City ST. LOUIS
c. LENGTH OF STAY (in this place) 50 YRS
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 (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hospital . 287
e. STREET ADDRESS (If rural, give location) 0 5530 Plover

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) c. (Last) Lamberti
4. DATE OF DEATH (Month) (Day) (Year) 3- 9- 58.

5. SEX 1 Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widow
8. DATE OF BIRTH SEPT. 21. 1877
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days 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 NIL
11. BIRTHPLACE (City and State or Foreign Country) 5 Italy
12. CITIZEN OF WHAT COUNTRY? ITALY

13a. FATHER'S NAME unk.
13b. MOTHER'S MAIDEN NAME unk.
14. NAME OF HUSBAND OR WIFE Guido

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'S SIGNATURE OR NAME MRS. AUGUSTA ARCIONI ADDRESS 5530 PLOVER AVE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt. Upper Lobe Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 22 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 490x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 22 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY 2 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) m.
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* 2/17 *19*58, *to* 3 -9- *19*58, *that I last saw the deceased alive on* 3- 9- *19*58, *and that death occurred at* 7:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.
23b. ADDRESS 5800 Arsenal
23c. DATE SIGNED 3/10/58

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE MAR 12 1958
24c. NAME OF CEMETERY OR CREMATORY SESSER CEM.
24d. LOCATION (City, town, or county) (State) SESSER ILLINOIS

DATE REC'D BY LOCAL REG. MAR 10 '58
REGISTRAR'S SIGNATURE Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Luedmeyer & Sons MFB ADDRESS 3934 N. 20 St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W Dieter

Licensed Embalmer No. 43

P. O. Address St Louis

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