

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045948

State File No.

FILED JAN 5 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 12234

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

| | | | |
|---|------------------|---|--------------------------------|
| 1. PLACE OF DEATH a. COUNTY Masonic Home of Missouri | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL, and give town) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 01 Masonic Home of Missouri | | d. STREET ADDRESS (If rural, give location) 327 5351 Delmar Boulevard | |
| 3. NAME OF DECEASED a. (First) Charles | | b. (Middle) E | |
| c. (Last) Lamb | | 4. DATE OF DEATH (Month) (Day) (Year) 12 17 58 | |
| 5. SEX M O W | 6. COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH March 8, 1873 |
| 9. AGE (In years last birthday) 85 | | 10. MONTHS 9 | 11. DAYS 17 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Watchman | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) Strafford, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William D. Lamb | | 13b. MOTHER'S MAIDEN NAME Martha Forrester | |
| 14. NAME OF HUSBAND OR WIFE None | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Masonic Home of Missouri-5351 Delmar Blvd. | |
| 18. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19a. DATE OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 (Month) (Day) (Year) (Hour) OF INJURY | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan 5, 1959, to 12-17, 1958, that I last saw the deceased alive on 12-16-58, 1958, and that death occurred at 10:40a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Harold E. Walters M.D. | | 23b. ADDRESS 3720 Washington St. Louis Mo | |
| 23c. DATE SIGNED 12-17-58 | | 24. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| 24a. BURIAL, CREMATION, REMOVAL Removal | | 24b. DATE 12-19-1958 | |
| 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |
| DATE REC'D BY LOCAL REG. DEC 18 '58 | | 25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons 6175 Delmar Blv | |

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed jos. E. McCulloch

Licensed Embalmer No. 9460

P. O. Address 617 58th Ave

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 this body is not embalmed, fact should be so stated above.

