

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 22 1960

-60-003687

Registration District No.		Primary Registration District No.		Registrar's No. 2 274		STATE FILE NUMBER	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) <u>4383 Westminister</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ann Elizeabeth Lambert</u>				4. DATE OF DEATH Month Day Year <u>1 6 60</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>2/1/24</u>	
9. AGE (last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>hotel</u>	
11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>GEORGE GREEN</u>		13b. MOTHER'S MAIDEN NAME <u>WEALTHY WALKER</u>	
14. NAME OF HUSBAND OR WIFE <u>MOZELL LAMBERT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/D</u>		16. SOCIAL SECURITY NO. <u>500 - 24 2624</u>		17. INFORMANT Address <u>WEALTHY MEADOWS 2945 A FRANKLIN AVE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Diabetes Mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) <u>260x</u> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic Ketosis, Meningitis, Purulent, Etiology Unknown</u>						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 <u>1-4-60</u> to <u>1-6-60</u> and last saw her <u>1-6-60</u> Death occurred at <u>11:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Phillips Jr.</u> (Degree or title)		22b. ADDRESS <u>2601 N. Whittier St.</u>		22c. DATE SIGNED <u>1-7-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1/11/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>		23d. LOCATION (City, town, or county) <u>6571 ST LOUIS. MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>PORTER FUNERAL HOME. 3028 DICKSON ST.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 9 1960</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

UNDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. C. Gordon

Licensed Embalmer No. 3486

P. O. Address 1123 N. J.

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