

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 13 1960

-60-017036

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4580** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Pac. Hospital		d. STREET ADDRESS (If outside, give location) 2107 S. Grand Ave.	

3. NAME OF DECEASED (Type or print) First ETTIE Middle B. Last LAMBE			4. DATE OF DEATH Month Apr. Day 29 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-22-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Eudorous Harden		13b. MOTHER'S MAIDEN NAME Mary Edwards	
14. NAME OF HUSBAND OR WIFE Late Edward Lambe		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. None	
17. INFORMANT Adeline Lowry		Address 3101 Lafayette Ave.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Chronic Adhucyve pericarditis with Heart Block**

DUPLICATE TO (b) **Chronic Interstitial Nephritis advance.**

DUPLICATE TO (c) **153.8**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)
Suffered while further gain of material (cancer of chest) at Missouri Pacific Hospital on April 29th

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year **4 29 60 1960**

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.)
Shop

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **1045A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Do not print) **Paul Simon** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **4/30/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **May 2, 1960** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olive Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Kriegshauser 4228 S. Kingshighway Blvd.** 25. DATE RECD. BY LOCAL REG. **APR 30 1960** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT

acm

STATEMENT BY LICENSED EMBALMER

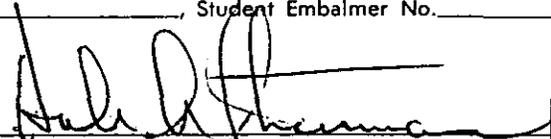
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4523

P. O. Address _____

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.