

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2250**

STATE FILE NUMBER **-61-011142**

FILED VC MAR 10 1961

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	
Length of stay in 1b. Life		-Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 2603 Montgomery	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☐	

3. NAME OF DECEASED (Type or print) First Micheal Middle Lambert Last			4. DATE OF DEATH Month March Day 6 Year 1961		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIAGE STATUS Widowed ☐ Never Married ☒ Divorced ☐	8. DATE OF BIRTH 12/8/60	9. AGE (last birthday) 2mo.	IF UNDER 1 YEAR Months 2 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mo., St. Louis	12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Johnny Taylor		13b. MOTHER'S MAIDEN NAME Jessie Mae Lambert		14. NAME OF HUSBAND OR WIFE	
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 Jessie Mae Lambert Address 2504 Glasgow 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) Broncho-Pneumonia		INTERVAL BETWEEN ONSET AND DEATH Undeter.
DUE TO (b) Bacterial Infection		
DUE TO (c) 491 x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hydronephrosis, Hydroureter, Pyelonephrosis, acute		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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.)	
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20c. TIME OF INJURY Hour 8:30 Month, Day, Year 3-1-61	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo.	STATE Mo.
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21. I attended the deceased from 3-1-61 to 3-6-61 and last saw her alive on 3-6-61 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Paul White, M.D.</i>	22b. ADDRESS 2601 N. Whittier	22c. DATE SIGNED 3/7/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-8-61	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.
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24. FUNERAL DIRECTOR Dement & Son ADDRESS 2629-31 Cole Street	25. DATE RECD. BY LOCAL REG. MAR 8 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Gay

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.