

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8295

STATE FILE NUMBER

FILED SEP 18 1961

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 <u>10 Days</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7015 Bruno</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>C.</u> Last <u>Lambach</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>3</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced: <input type="checkbox"/>		8. DATE OF BIRTH <u>10/2/1874</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising</u>		11. BIRTHPLACE (City and state or country) <u>Essen Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John Lambach</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Claudine</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Claudine Lambach 7015 Bruno STL Mo.</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>carcinoma of esophagus</u> <u>Carcinoma of Esophagus</u>										INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										<u>150x</u>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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>8/29/61</u> to <u>9/3/61</u> and last saw ^{her} him alive on <u>9/3/61</u> Death occurred at <u>7:00</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>A. Conrad M.D.</u> <u>Conrad Moller, M.D.</u>				22b. ADDRESS <u>505 Univ. Club Bldg.</u> <u>505 University Club Bldg.</u>				22c. DATE SIGNED <u>9/6/61</u> (State)					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Sept 6, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>				23d. LOCATION (City, town, or county) <u>St. Louis County</u>		Mo.			
24. FUNERAL DIRECTOR <u>JAY B. SMITH</u> ADDRESS <u>Maplewood, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 6 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>							

DATE AMENDED

INSTEAD OF THIS RECORD ARE TO BE FILED

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. C. Mo
Univ. Chgo

1961 OCT 8 100 SA

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 Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address St. Louis

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.