

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046543

AMENDED

FILED DEC 27 1961

Primary Registration District No. 1003

Registrar's No. 11874

STATE FILE NUMBER

HAVE AMENDED

INSTEAD OF

FILED NO. SHOULD READ

DOCUMENT

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		Length of stay in 1b Life	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 611 1/2 Kingsbury Blvd.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 611 1/2 Kingsbury Blvd.
3. NAME OF DECEASED (Type or print) Vigil		First F. Middle Lamb Last	4. DATE OF DEATH Month December Day 18th. Year 1961
5. SEX M.	6. COLOR OR RACE W.	7. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	8. DATE OF BIRTH 4/1/1897
10a. USUAL OCCUPATION (Give kind of work done Retired Accountant)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Louis Lamb		13b. MOTHER'S MAIDEN NAME Anne Gerst	
14. NAME OF HUSBAND OR WIFE Mrs. Lucile Lamb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War #1	
16. INFORMANT Mrs. Lucile Lamb, 611 1/2 Kingsbury Blvd.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Minutes Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Polycythemia Vera			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 1953 to 18 Dec 61 and last saw her/him alive on 18 Dec 61 Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or Title) [Signature]		22b. ADDRESS 1217 S. Brownwood	22c. DATE SIGNED 12/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/1961	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR Arthur J. Donnelly		ADDRESS 3640 Lindell Bld.	25. DATE RECD. BY LOCAL REG. DEC 20 1961
26. REGISTRAR'S SIGNATURE Loal Smith, M.D.			

BY AFFIDAVIT OF

5000 Embalmer

MI 7-5800

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 

Licensed Embalmer No. 4699

P. O. Address 3840 Lumber

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.