

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

1248663-049651

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED DEC 27 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis</i>		c. CITY OR TOWN <i>ST. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hamilton Medical Center</i>		d. STREET ADDRESS (If outside, give location) <i>2654² Accomac</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Monroe P. Lambert</i>		4. DATE OF DEATH Month Day Year <i>Dec. 16, 1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 11, 1880</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Public Service Co. Reynold Co. Mo.</i>	
13a. FATHER'S NAME <i>John Lambert</i>		13b. MOTHER'S MAIDEN NAME <i>Jersuhg Johnson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT Address <i>Maude Lambert 2654² Accomac</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <i>Artificial Selection -</i> DUE TO (b) <i>331x</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>5 yd</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Uterine Cancer</i>		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 <i>June 1960</i> to <i>Dec 16, 1963</i> , and last saw him alive on <i>Dec 1, 63</i> . Death occurred at <i>6 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Scott Hewitt M.D.</i>		22b. ADDRESS <i>6500 Chippewa</i>	
22c. DATE SIGNED <i>12/17/63</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Dec. 19, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Mausoleum</i>	23d. LOCATION (City, town, or county) (State) <i>ST. Louis Mo.</i>
24. FUNERAL DIRECTOR <i>Witt Mortuary 6409 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 17 1963</i>	26. REGISTRAR'S SIGNATURE <i>Loal Smith M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Law M. Simon

Licensed Embalmer No. _____

4343

P. O. Address _____

St Louis Mo

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.