

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25

Callinane

10691-25

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. Sanitarium) (Ward) 61

File No.
 Registered No. 2493

2. FULL NAME

Mary M. Lambey
 (a) Residence. No. 305 Cass Ave Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 20 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1884

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
43 2 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Unknown
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT (Address) Joseph H. Hake
5300 W. 12th

15. FILED May 6 1928
 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/4/28 19

17. I HEREBY CERTIFY, That I attended deceased from 3/3/28 19 3/4/28 19 7:30 a.m. **that I last saw him alive on** 3/4/28 19 **and that death occurred, on the date stated above, at**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stomach Myocarditis
9.2.28

CONTRIBUTORY (SECONDARY) 9.2.28
 (duration) 1 yrs. 26 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Chung's
 (Signed) Joseph H. Hake M. D.

(Address) 5300 W. 12th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery **DATE OF BURIAL** Mar 8 1928

20. UNDERTAKER Callinane Bros **ADDRESS** 1702 Grand St

EVERY ITEM WITH UPWARDING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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