

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35570

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. **2488**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood**  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **129 E. Big Bend Rd.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kirkwood** **4683**  
d. STREET ADDRESS (If rural, give location) **129 E. Big Bend Rd.**

3. NAME OF DECEASED  
a. (First) **ANN** b. (Middle) **KUHN** c. (Last) **LAMBERT**

4. DATE OF DEATH (Month) (Day) (Year)  
**Oct. 15, 1950**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **May 21, 1898**

9. AGE (In years last birthday) **52**

10. UNDER 1 YEAR Days **4**

11. UNDER 18 Hrs. Min. **24**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Kirkwood, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Julius Kuhn**

13b. MOTHER'S MAIDEN NAME **Bertha Weidlich**

14. NAME OF HUSBAND OR WIFE **George Lambert**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **George Lambert, Kirkwood, Mo.**

18. CAUSE OF DEATH  
\*Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of colon with generalized metastasis.**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**April 1943**  
**Oct 15 1950**  
**153X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/5/1940**, to **10/14/50**, 19\_\_\_\_, that I last saw the deceased alive on **10/14/50**, and that death occurred at **4:4** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edw. M. O'Connell M.D.**

23b. ADDRESS **204 E. Big Bend**

23c. DATE SIGNED **10/16/50**

24. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **10/17/50**

24c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery**

24d. LOCATION (City, town, or county) (State) **Kirkwood, Mo.**

DATE REC'D BY LOCAL REG. **OCT 16 1950**

REGISTRAR'S SIGNATURE **J. R. Donke M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Louis H. Bopp, Inc., Kirkwood, Mo.**

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Felix Almand*

Signed.....

Student Embalmer

Licensed Embalmer No. 3034

P. O. Address *W. Wood 212*

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 this body is not embalmed, fact should be so stated above.