

## OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045989

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 510

FILED JAN 5 1962

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		c. CITY OR TOWN <u>Mill Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>		d. STREET ADDRESS (If outside, give location) <u>(None)</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Oscar Arthur Lambert</u>		4. DATE OF DEATH Month Day Year <u>December 10, 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>Jan. 23, 1900</u>
9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>10 17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor - - last</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employed for Mo.-Pacific R.R.)</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mock</u>	
14. NAME OF HUSBAND OR WIFE <u>Lelia O. Lewis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Records, State Hospital No. 4, Farmington, 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>Bronchogenic carcinoma of the lung, left, as revealed by x-ray on 11-28-61.</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic brain syndrome associated with central nervous system syphilis, meningoencephalitis.</u>			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>11-28-61</u> to <u>Dec. 10, 1961</u> and last saw him alive on <u>Dec. 10, 1961</u> Death occurred at <u>7:05 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John A. Brennan M.D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	22c. DATE SIGNED <u>12-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 13, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Missouri</u>
24. FUNERAL DIRECTOR <u>McLaughlin Funeral Home, St. Louis, Mo.</u> ADDRESS <u>2309 Lafayette</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 29, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF