

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

Do not use this space.

6907

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 015

City St. Louis, Mo. (No. 5261) Westminster Place

File No.

Registered No. 1671

St.

Ward)

2. FULL NAME Anna Maud Lammor

(a) Residence. No. 5261 Westminster Place 12 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

James L. Lammor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-1-1862

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, ____ hrs. or ____ min.

66

0

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Anderson

(STATE OR COUNTRY)

Iud

10. NAME OF FATHER

John M. Kahan

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Jenny Shelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iud.

14.

INFORMANT (Address)

James L. Lammor
5261 Westminster Place

15.

FILED

20 1928
19

Max C. Starckoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1928 to Feb. 20, 1928

that I last saw h. ex. alive on Feb. 19, 1928 and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy.

82H

97H7

CONTRIBUTORY (SECONDARY)

Neuritis, in arms and legs

(duration)

Student

____ yrs. ____ mos. ____ ds.

(duration) 1 yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? N.O. DATE OF.....

Was there an autopsy? NO

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) M. D. Jennings, M. D.

Feb. 20, 1928 (Address) 4101 Kensington Blvd.

*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

DATE OF BURIAL

Cats Grove Cem

Feb. 23 1928

20. UNDERTAKER

ADDRESS

Alexander, Louis 6175 Delmar

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.

