4 1928

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

Do not use this space.

File No. 14639
Registered No. 55

1. PLACE OF DEATH
County St Louis Registration District No. 788
Township ~~Cassandra~~ Central Primary Registration District No. 4471
City Webster Groves (No. Landscape Ave St. Ward)

2. FULL NAME Marie J. Lammert
(a) Residence. No. Landscape Ave St., 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1909

7. AGE Years 18 Months 9 Days 4 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Lammert
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Grimm
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT X Henry Lammert
(Address) Landscape Ave

15. FILED 4-24, 1928 Arthur W. Westrup REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to April 22, 1928 that I last saw her alive on April 22, 1928, and that death occurred, on the date stated above, at 10 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Rheumatic
92 Endocarditis
82 B (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Embolism 3 hours
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Adam G Youngman, M. D
4/23, 1928 (Address) 5439 Gravois

*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 S S Peter & Paul
DATE OF BURIAL 4/24 1928

20. UNDERTAKER C Hoffmeister & Co
ADDRESS 7800 S Bdwy

WRITE PLAINLY, WITH UNFADING 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.