

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

Do not use this space.

8121

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township *St. Louis, Mo.* Primary Registration District No..... Registered No. *1773*
 City *St. Louis, Mo.* No. *3740* *Iowa Ave.* St. Ward.....

2. FULL NAME

Lillian Lampe
 (a) Residence. No. *3740 Iowa Ave.* St. *24* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 6th* 19*29*

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

17. I HEREBY CERTIFY, That I attended deceased from *February 5th* 19*29*, to *Feb. 6th* 19*29* that I last saw *her* alive on *Feb. 6th* 19*29*, and that death occurred, on the date stated above, at *9:40 a.m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 4 - 1889.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
39 *6* *2*

Pulmonary Tuberculosis
23 yr (duration) *4* yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House Wife*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY) *23 yr* (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) *St. Louis, Mo.*
 (STATE OR COUNTRY)

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

10. NAME OF FATHER *Ernest Kreutzberg*

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

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

19. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER *Julia Patterson*

WHAT TEST CONFIRMED DIAGNOSIS.....

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

(Signed) *L. H. Lampe* M. D.

14. INFORMANT *Carl W. Lampe*
 (Address) *3740 Iowa Ave.*

Feb. 1929 (Address) *3801 S. Broadway*

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

15. FILED..... 19..... *W. C. Starke* REGISTRAR

21. PLACE OF BURIAL, CREMATION, OR REMOVAL *Sunset Burial Pk.* DATE OF BURIAL *Feb. 8 - 1929.*

22. UNDERTAKER *Ziegenhein Bros. 2623 Lehigh St.* ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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