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

Do not use this space.

13122

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. 3950 Nebraska Avenue. St. ..... Ward)

File No. .....

Registered No. 3680

2. FULL NAME Henry B. Lamkemeyer.

(a) Residence. No. 3950 Nebraska Avenue St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22.1870.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	9	3	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Soft Drinks

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

PARENTS

10. NAME OF FATHER Bernard Lamkemeyer.

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

12. MAIDEN NAME OF MOTHER Mary Reiners.

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

14. INFORMANT Ella Lamkemeyer. (Address) 3950 Nebraska Avenue.

15. FILED ..... 19.. Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 3/25

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25 1929.

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to March 25, 1929, that I last saw him alive on March 25, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Stenosis

131

192 A

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) ..... yrs. 6 mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

3/25 (Signed) Alois E Turner, M. D

3/25, 1929 (Address) 3014 Jefferson

*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 Calvary Cemetery

DATE OF BURIAL March 28 1929

20. UNDERTAKER J H Gebhardt Lamm Co

ADDRESS 2842 Meramec

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD