

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

Do not use this space.

20317

**1. PLACE OF DEATH**

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City .....

St. Louis West Deaconess Hospital

File No. ....

Registered No. 6003

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence. No. 4326 No. Newcastle St., 10 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)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

the late Herman Brummel

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

Feb 22 - 1859

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

70

3

7

**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)**

(STATE OR COUNTRY)

St. Louis

Mo

**10. NAME OF FATHER**

John Lambkemeyer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14.**

INFORMANT

(Address)

Joseph Brummel

4326 No. Newcastle

**15.**

JUN - 1

FILED

19

May C. Stanley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 5/22/29 1929 to 5/29/29 1929 that I last saw him alive on 5-29- 1929 and that death occurred, on the date stated above, at 6-11, a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Detritate Heart  
Cholangitis ch. nephritis  
cholecystitis - Arterio Sclerosis  
Chronic Bronchitis non-tubercular  
Stones in Gallbladder

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.  
129  
1345

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3 days

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. A. Babler, M. D.

5/31/29 (Address) 4525 Lindell Bl

\*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**

Celroy Cemetery

June 3, 29

**20. UNDERTAKER**

Shook Carroll

ADDRESS 4500 Natural Bridge

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.

262  
10  
10

