

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

7926

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 4415, Grace Avenue..... St. .... Ward)

File No. ....  
 Registered No. 2297  
 St. .... Ward)

**2. FULL NAME** Frank Lammarth

(a) Residence. No. 4415 Grace Avenue St., 15 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Fern Lammarth</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 12, 1886</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>3</u>
		8. DAYS
		<u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Broker</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Boards</u> (c) Name of employer		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri</u>
	10. NAME OF FATHER <u>Phil Lammarth</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Theresa Ruckenbrod</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri.</u>

14. INFORMANT Fern Lammarth  
 (Address) 4415 Grace Avenue

15. FILED 20 19 1934  
W. C. Stanley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20th, 1931

17. I HEREBY CERTIFY, That I attended deceased from 8/1 1930 to 2/20 1931, and that I last saw h. alive on 2/20 1931, and that death occurred, on the date stated above, at 7:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
arteriosclerosis, sen  
and cerebral - hypertensive  
97 (duration) 3 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Thrombotic Cerebral  
arteriosclerosis (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 findings  
 (Signed) W. C. Stanley M. D.  
7/20 1931 (Address) Wall Beach

\*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 SS. Peter & Paul DATE OF BURIAL Feb. 23, 1931

20. UNDERTAKER Wick Bros ADDRESS 2201 S. Grand

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.

