

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

Do not use this space.

**35717**

File No. \_\_\_\_\_  
 Registered No. **10195** \_\_\_\_\_  
 St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **797**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City **St. Louis** (No. **1928 Adelaide** On \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME**

**Robert P. W. Lamping**  
 (a) Residence, No. **1928 Adelaide** On **9** \_\_\_\_\_ 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Winnie Lamping</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct 15 1865</b>		
7. AGE	YEARS <b>65</b>	MONTHS <b>11</b>
	DAYS <b>18</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Salesman - 70 Notion</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis Mo</b>		
FATHER	13. NAME <b>Not Known</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
MOTHER	15. MAIDEN NAME <b>Not Known</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Minnie Lamping 1928 Adelaide St</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary</b> DATE <b>Oct 6 1931</b>		
19. UNDERTAKER (ADDRESS) <b>Wm Paschedag 2225 No Grand St</b>		
20. FILED <b>LUI 4 1931</b>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 9 1931**

22. I HEREBY CERTIFY, That I attended deceased from **July 15 1931** to **Oct 3 1931**.  
 I last saw him alive on **Oct 3 1931**. Death is said to have occurred on the date stated above, at **10:00** a.m.  
 The principal cause of death and related causes of importance were as follows:

<b>Carcinoma</b>	Date of onset
<b>47A Panx</b>	<b>7/131</b>

Other contributory causes of importance:  
**47A**

Name of operation **none** Date of \_\_\_\_\_  
 What test confirms **clinical symptoms** Was there an autopsy **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **no** Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? **no** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. **no**

Manner of injury **no**  
 Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify \_\_\_\_\_  
 (Signed) **Chas P. Motwin** M. D.  
 (Address) **3803 Lee Ave**

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.

