4054 Cook

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

Do not use this space.

File No. 29172
Registered No. 7283

1. PLACE OF DEATH

County ..... Registration District No. 7911

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

City St Louis (No. 1224 So Seventh St., ... St. ..... Ward)

2. FULL NAME Edward Lamm (Lamme)

(a) Residence, No. 1224 So Seventh St. 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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16 - 1882

7. AGE: Years 51 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping clerk

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): Jan 1 - 1908

11. Total time (years) spent in this occupation: 25 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER

13. NAME: William Lamm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

MOTHER

15. MAIDEN NAME: Jannie Beicher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

17. INFORMANT (ADDRESS): Mamie Schmidt 1800 Fillmore St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Aug 24 1933

19. UNDERTAKER (ADDRESS): Oscar J Hoffmeister 4616 Delmar St

20. FILED AUG 29 1933 19 ..... Registrar. J. F. Bredeck

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1912, to Aug. 21st, 1933. Last saw him alive on Aug 21, 1933. Death is said to have occurred on the date stated above, at 1300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with	1912
Right Hemiplegia	
Treated 21 years	
(Blood Tests negative)	
Other contributory causes of importance:	
Myocardial Degeneration	1931
(Bed ridden 2½ years)	

Name of operation: Cerebrotomy Date of: 1912

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X

(Signed) Miller E. Funk, M. D.
(Address) 1405 S. Kingshighway St Louis

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.

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