

DEC. 3. 3 1934

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

Do not use this space.

41107

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 3759, Laebele Ave. St. 19 Ward)

File No. 11057

Registered No. 11057

St. Ward)

2. FULL NAME Henry Lampe

(a) Residence, No. 3759 Laebele St. 19 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878

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

About 56

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

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) West Point Iowa

13. NAME Henry Lampe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Gertrude Leveling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Mrs. Henry Wilhelm (ADDRESS) 2043 Switzer Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Madison DATE 11-20 1934

19. UNDERTAKER H. A. Stark and Co. (ADDRESS) 2117 Grand Blvd

20. FILED 20 1934 19 J. Bredek Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 / 34 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.

I last saw h. alive on , 19. Death is said

to have occurred on the date stated above, at 8:19 p.m.

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

Chor. Myocarditis
Cor. Arterioscler. Nephritis
Emphysema of Lungs

Other contributory causes of importance:
Hypertension
Atherosclerosis

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. Bredek

(Address) 1247 1/2

