

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.

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

Do not use this space.

MAR 15 1935

1469 7059

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1003
City St. Louis (No. 2518 Salisbury St.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME Charles F. Lammert

(a) Residence, No. 2518 Salisbury St., 20 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 11 14

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

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) St. Louis Mo

13. NAME John Lammert

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

15. MAIDEN NAME Mathilde Sawce

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

17. INFORMANT Amelia Lammert
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's & Paul's DATE Feb 13, 1935

19. UNDERTAKER Hy Leidner Und Co
(ADDRESS) 1417 N. Market St.

20. FILED FEB 12 1935
J. G. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 11:35 to Feb 10, 1935

I last saw him alive on Feb 8, 1935 Death is said

to have occurred on the date stated above, at 3¹² A. m.

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

Initial Insufficiency

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Exp. 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

(Signed) Frederic J. Mellis, M. D.

(Address) 3825 N. 20th

