

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

Do not use this space.

JUL 12 1935

21086

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4057, St. Louis Ave.)

File No.....
Registered No. **5000**
St. Ward

2. FULL NAME Emma Rebecca Lamping

(a) Residence, No. 4057 St. Louis Ave St. 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to June 6, 1935
I last saw h. or alive on June 5, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1868

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 3

Carcinoma of breast, left Date of onset 1931

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forbes
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

50
Other contributory causes of importance:
Metastatic carcinoma of lung, left

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Name of operation Radical breast amp Date of 7/25/33
What test confirmed diagnosis? BIOPSY Was there an autopsy? No

MOTHER 13. NAME Henry Lamping

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

MOTHER 15. MAIDEN NAME Rebecca Chernis

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

17. INFORMANT (ADDRESS) Miss Julia Lamping

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE June 8, 1935

19. UNDERTAKER (ADDRESS) Mr. M. Schumacher

20. FILED 7-7-1935 19 St. Louis

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) Ronald S. Pepper, M. D.
(Address) 4120 Clark

Registrar.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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