

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.

JAN 23 1936

40914

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 6033  
 City St. Louis (No. 2336 David Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles Lammert  
 (a) Residence, No. 2336 David Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 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) March 13 1917

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
18	8	26	

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

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.

FATHER

13. NAME Charles Lammert

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

MOTHER

15. MAIDEN NAME Amelia Lammert

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

17. INFORMANT Amelia Lammert  
 (ADDRESS) 2336 David St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Peter & Paul DATE Dec 11 1935

19. UNDERTAKER Wm. Ludwig, Md. Co.  
 (ADDRESS) 717 1/2 Market St.

20. FILED 12-10 1935 H. A. Baubauer  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1933 to Dec 9<sup>th</sup> 1935  
 I last saw him alive on Dec 9 1935. Death is said to have occurred on the date stated above, at 9:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bilateral Broncho-pneumonia Date of onset Aug 5 1935  
1014  
 Other contributory causes of importance: Croupal Haemoptysis Sept 1935

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Hermon J. Kuecker, M. D.  
 (Address) 9621 Rockland Rd.

96-11-10-10