

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

Do not use this space.

12239

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City Spanish Lake, Mo. St. _____ Ward _____

File No. _____
 Registered No. 62

2. FULL NAME

William Lampfe
 (a) Residence, No. Spanish Lake, Mo. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 11 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. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Lampfe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harmon

10. Date deceased last worked at this occupation (month and year) March 20 1936 11. Total time (years) spent in this occupation 50 1/2

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

13. NAME Henry Lampfe

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

15. MAIDEN NAME Mary Michoff

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

17. INFORMANT Henry Lampfe
 (ADDRESS) Black Jack, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack Cemetery DATE April 2 1936

19. UNDERTAKER Widrich Funeral Home
 (ADDRESS) 8319 Halle Hwy. Rd.

20. FILED 4/2 1936 W. A. Zeidler
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1935 to March 30 1936

I last saw him alive on March 26 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Acute cardiac dilatation 3/130/36
Exhaustion and Failure

Other contributory causes of importance:
Chronic Valvular Rheumatism
Chronic Myocarditis
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Diagnosis Was there an autopsy? No

23. If death was due to external cause (accident, fall, etc.), fill in also the following:
 Accident, suicide, or homicide? _____ 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) J. A. Mersch, M. D.
 (Address) Black Jack, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

