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.

APR 11 1936

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

Do not use this space.

13197

File No. 3281
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 643 Tower Grove Ave. St. Ward)

2. FULL NAME Anton Lammert

(a) Residence, No. 643 Tower Grove Ave. St., 18 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	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	0	0	

OCCUPATION

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

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) 10 Years ago

11. Total time (years) spent in this occupation

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

FATHER

13. NAME William Lammert

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

MOTHER

15. MAIDEN NAME Mathilda Schmidt

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

17. INFORMANT William Schmidt
(ADDRESS) 643 Tower Grove Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter Paul DATE 3-30 ,19 36

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED MAR 26 1936 ,19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 ,1936

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936 to March 25, 1936
I last saw him alive on March 25, 1936 Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of Onset
Arteriosclerosis	
Other contributory causes of importance:	

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) M. G. Root, M. D.
(Address) 4500 Parkway

M. E. Sheets
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