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.

JUN 6 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

21321

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 5535

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 3879 Utah Place St. ..... Ward)

2. FULL NAME William H. Lamp

(a) Residence, No. 3879 Utah Pl. St., 16 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	4	2	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 5-25-36

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Peter Lamp

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

MOTHER

15. MAIDEN NAME Fredericka VonBruecker-baumer

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

17. INFORMANT (ADDRESS) Mrs. Margaret Lamp 3879 Utah Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE 5-2[illegible], 1936

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

20. FILED MAY 26 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935, to May 26, 1936

I last saw him alive on May 16, 1936. Death is said to have occurred on the date stated above, at 5:47 a.m.

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

Angina Pectoris

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

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) L. H. Kempman, M. D.

(Address) 503 Bisonnette Bldg

Dr Louis N. Hempelmann
Beaumont Bldg.

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