

AUG - 5 1937

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

Do not use this space.

25804

## 1. PLACE OF DEATH

County..... 2

Registration District No. 791

Township..... 1

Primary Registration District No. 1003

City St. Louis, Mo. (No. 1639 Grape Ave.)

File No. 6978

Registered No. 6978

St. .... Ward)

## 2. FULL NAME John Lampert

(a) Residence, No. 1639 Grape Ave. St. 8 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31st. 1874

7. AGE YEARS 63	MONTHS 5	DAYS 19	IF LESS than 1 day, .....hrs. or .....min.
--------------------	-------------	------------	--

OCCUPATION	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.	Tinner
	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.

MOTHER	13. NAME Henry Lampert
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER	15. MAIDEN NAME Margaret Emerich
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Sophie Lampert  
(ADDRESS) 1639 Grape Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Grove DATE July 23-37, 1919. UNDERTAKER Henry Leidner U.Co  
(ADDRESS) 1417 N. Market St.

20. FILED JUL 22 1937 J. H. Sewing Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20-37 .19

22. I HEREBY CERTIFY, That I attended deceased from  
July 15, 1937, to July 19, 1937I last saw him alive on July 18, 1937. Death is said  
to have occurred on the date stated above, at 6:32 P.M.

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

Cerebral Hemorrhage

Arteriosclerosis

Date of onset

July 15

about

3: P.M.

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..... 2

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. H. Sewing, D.O.

(Address) 5342 W. Florissant Ave.  
St. Louis 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.

