

DEC 13 1937

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

39662  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Central Hospital** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**William H. Lampe**  
(a) Residence, No. **4853 Northland Ave.** St. **6**  
(Usual place of abode, if no street address, write county or city) (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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Julia Lampe**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 7th, 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**42** **3** **8**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dispatcher**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Yellow Cab. Co.**  
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 **Frederick Lampe**

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

MOTHER  
15. MAIDEN NAME **Annie W. C. Meyer**

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

17. INFORMANT (ADDRESS) **Annie C. Lampe**  
**4853 Northland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zions Cemetery** DATE **Nov. 18th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Whehmann Funeral**  
**1905 Union Blvd.**

20. FILED **661 & T AON** **J. Bredeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 15th 19 37**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 12, 1937, to Nov 15, 1937**

I last saw him alive on **Nov 15, 1937** Death is said to have occurred on the date stated above, at **5:14 P.M.**  
The principal cause of death and related causes of importance were as follows:

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

Date of onset

**Thrombosis of the right coronary artery**

Other contributory causes of importance:

Name of operation **Nephrectomy** Date of **Nov 12/37**

What test confirmed diagnosis? **Biopsy** Was there an autopsy? **Yes**

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

(Address) **1905 Union Blvd.** M. D.

(Address) **1905 Union Blvd.**

2-4  
1/18/2009  
10/29/09

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Elmer C. Drehermann

Licensed Embalmer No. 3690

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**