

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

39814
Do not use this space.

10801
Registered No.

1. PLACE OF DEATH **DEC 13 1937**
(a) County Registration District No. **791 / 1003 /**
(b) Township Primary Registration District No.
(c) City **St. Louis** (d) Street No. **City Hospital No. 1** 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.
C. 11204 John Lampe
2. PRINT FULL NAME
(a) Residence, No. **3225 Montgomery** St. **11** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 16 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **laborer**
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) **Germany**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **11/30**

19. FUNERAL DIRECTOR **David Van Zwan** (ADDRESS) **C. H. H. I.**

20. FILE NO. **NOV 23 1937** **J. W. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/3/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **10/29/37**, 19, to **11/3/37**, 19, I last saw him alive on **11/3/37**, 19. Death is said to have occurred on the date stated above, at **6.50 p** m.

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

Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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 **Charles M. Jessico**, M. D.
(Signed) **City Hospital** (Address)

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.

243
16
31

STATEMENT BY LICENSED EMBALMER

Ray C. Campbell

Licensed Embalmer No. *3881*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Raymond Shirke*

L. E.

No. *3985* or by

Registered Apprentice No.

working under my personal supervision.

Signed *Ray C. Campbell*

Licensed Embalmer No. *3881*

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.)