

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

39926  
Do not use this space.

DEC 13 1937

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... (d) Street No. **2317 Frankely** St.  
 (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** *Lawrence Lumphens*

(a) Residence, No. *4151 Fairfax* St. **11**  
 (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 <i>Male</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Leola Lumphens</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 8 1894</i>		
7. AGE YEARS <i>43</i>	MONTHS <i>5</i>	DAYS <i>11</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Chemist</i>		
9. Industry or business in which work was done, as saw mill, bank, etc. <i>Brown Shoe Co</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<i>11-19-37</i>		<i>57</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jericho Ark</i>		
13. NAME <i>Tom Lumphens</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>not known Ark.</i>		
15. MAIDEN NAME <i>not known</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ark</i>		
17. INFORMANT (ADDRESS) <i>John Sander 2317 Fairfax</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>11-27</i> 1937		
19. FUNERAL DIRECTOR (ADDRESS) <i>Chapman 2000 N. Jefferson</i>		
20. FILED <i>J. H. Bredeck</i> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

**No attending physician**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 19, 1937**

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **4:45 P.M.**

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

**Lobar Pneumonia.**

Date of onset

Other contributory causes of importance:

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.....  
 (Signed) *Joseph M. Quinn, M.D.*  
 (Address) *Deputy Coroner*

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.

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STATEMENT BY LICENSED EMBALMER

I, R.D. Richardson, Licensed Embalmer No. 2928

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed R.D. Richardson  
Licensed Embalmer No. 2928

**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.)**