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.

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

Do not use this space.

REC'D MAR 24 1938

3

1. PLACE OF DEATH

County Saint Louis C 1 — Registration District No. 784 — File No. 8169

Township Carondelet — Primary Registration District No. 200 — Registered No. 429

City ~~Jefferson Barracks~~ (No. Veterans Facility St. Ward)

2. FULL NAME Henry C. LAMPE 510

(a) Residence, No. 3127 Locust Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	4	11	

OCCUPATION

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

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

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) Saint Louis Missouri 1

FATHER

13. NAME Henry Lampe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Henritta Shearer 6

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

17. INFORMANT (ADDRESS) Clinical Clerk VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE March 9 1938

19. UNDERTAKER (ADDRESS) C. Hoffmeister U.&.L.Co. 7814 S. Broadway

20. FILED 3-8 1938 T.R. Mayer M.D. Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1938 to March 7, 1938

I last saw him alive on March 7, 1938. Death is said to have occurred on the date stated above, at 1:15 A.m.

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

	Date of onset
Pulmonary Tuberculosis, active, far-advanced (C)	Unkn.

23

Other contributory causes of importance:
None

Name of operation None Date of
Phy. clinical manif. and laboratory
What test confirmed diagnosis? Was there an autopsy? NO

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) C. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.