

REC'D MAY 10 1938

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

14573  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297  
(b) Township Washington Primary Registration District No. 3016  
(c) City Washington (d) Street No. 342 Stafford 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 30 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? 32 yrs. 3 mos. 2 ds.

2. PRINT FULL NAME

Bernard A. Lamke, 520  
(a) Residence, No. 342 Stafford, Washington, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25th, 1938.

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

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to April 25, 1938  
I last saw him alive on April 25, 1938 Death is said to have occurred on the date stated above, at 4:15 A.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29th, 1899.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 3 26

Cerebral hemorrhage Date of onset 18, 38

OCCUPATION 8. Trade, profession, or particular kind of work done, as a Laborer  
9. Industry or business in which work was done, as saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) Apr. 1938. 11. Total time (years) spent in this occupation 20 yrs.

Other contributory causes of importance Chronic Nephritis  
Name of operation none Date of 1938  
What test confirmed diagnosis clinical Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) Krakow, Missouri.

FATHER 13. NAME John M. Lamke,  
14. BIRTHPLACE (CITY OR TOWN) Krakow, Missouri.

MOTHER 15. MAIDEN NAME Catherine Bruemch.  
16. BIRTHPLACE (CITY OR TOWN) Krakow, Missouri.

17. INFORMANT (ADDRESS) Miss Anna Lamke, Washington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Apr. 27th, 1938.

19. FUNERAL DIRECTOR (ADDRESS) Nieburg & Vitt, Inc., Washington, Missouri.

20. FILED Apr. 25, 1938 St. H. May Local Registrar 270

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury 1938  
Where did injury occur? Washington, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify R. R. Cretler, M. D.  
(Signed) Washington, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, G. F. Hibury, Licensed Embalmer No. 2387

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

L. E.

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

working under my personal supervision.

Signed G. F. Hibury

Licensed Embalmer No. \_\_\_\_\_

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