

REC'D JUL 12 1938

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

19978  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791  
(b) Township St. Louis Mo Primary Registration District No. 1003 Registered No. 5117  
(c) City St. Louis Mo (d) Street No. En route City Hospital #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.

2. PRINT FULL NAME

Louise Lamperson 516  
(a) Residence, No. 3410 Washington Blvd St. 21 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1893

7. AGE YEARS 44 MONTHS 11 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as 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) Greece

FATHER 13. NAME Peter Lamperson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER 15. MAIDEN NAME Theodora Papayanos

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

17. INFORMANT (NAME) (ADDRESS) William Lamperson  
4337 Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 6-4-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mullan Bros  
4259 Lindell Blvd.

20. FILED JUN 4 1938 J. D. Breckler (Signature)

NON-PRYSTETIAN CARE ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd 1938

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 12:15

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

Carbolic Acid Poison, self administered in Forest Park just west of Kingshighway Blvd., on June 2nd, 1938, at about 12:15 P.M.

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

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 Suicide Date of injury 6/2/38

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Public Place

Manner of injury See Above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Alfred J. Perry

(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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed Thomas R. Lemire

Licensed Embalmer No. 3793

P. O. Address St. Louis Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**