

DEC 12 1938

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

37401
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **BARNES HOSPITAL** 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 **Fred Henry Lamping**

(a) Residence, No. **118 W. Lockwood** St. **WA** **Webster Groves Mo.**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **AUG. 6 - 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **STONE WORKER**
9. Industry or business in which work was done, as saw mill, bank, etc. **None**
10. Date deceased last worked at this occupation (month and year) **RETIRED 15 YRS.** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER
13. NAME **William Lamping**

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

MOTHER
15. MAIDEN NAME **Strangmeier**

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

17. INFORMANT (ADDRESS) **Mr. Lamping 118 W. Lockwood**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW BETHLEHEM** DATE **NOV. 12 - 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Middleburg Lamping Webster Groves Mo.**

20. FILED **NOV 10 1938** **J. J. Bredek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 9th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **October 22nd 1938**, to **November 9th 1938**

I last saw him alive on **November 9th 1938**. Death is said to have occurred on the date stated above, at **4:30 A.M.**

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

**Cirrhosis of Liver
Ascites
Partial obstruction**

Date of onset

Other contributory causes of importance:

Name of operation **Laparotomy (Explor.)** Date of **9-8-38**

What test confirmed diagnosis? **Abdominal** 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? **No**

so, specify

(Signed) **E. L. Evans, Jr.**, M. D.

(Address) **BARNES**

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..... *Guy W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.