

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

617
Do not use this space.

REC'D FEB 10 1939

791
1003

617

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Mo. (d) Street No. St. Luke's Hosp. 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 John Lampe

(a) Residence, No. St. NR Aviston Illinois
 (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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
 9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Bernard Lampe

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

MOTHER 15. MAIDEN NAME Unknown 6

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany 6

17. INFORMANT Miss Maryann Lampe
 (ADDRESS) 6643 Kingsbury Pl.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Aviston Ill. DATE Jan. 21, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
 (ADDRESS) 4700 Washington Blvd.

20. FILE JAN 19 1939
J. B. Baedeker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 16 1939 to Jan 19 1939
 First saw him alive on Jan 19 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Acute Myocarditis (hemorrhagic) Date of onset 1/16/39

Other contributory causes of importance: Cystic duct stone Signed [Signature]

Name of operation Cholecystectomy (Open) Date of 1/16/39
 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? no
 If so, specify
 (Signed) W. D. Brown M. D.
 (Address) 402 Wall Bldg.

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 *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.