APR 28 1939

DEC'D MAY 10 1939

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

16115
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township ~~Normandy~~ Primary Registration District No. 202 Registered No. 773
(c) City Overland (d) Street No. 8965 Olden Ave. 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 510 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward R. Lampa.
(a) Residence, No. 8965 Olden Ave. St.
(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): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1899.

7. AGE

| Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 40 | 3 | 3 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic.
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) East St. Louis, Illinois.

FATHER
13. NAME Seth R. Lampa.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden.

MOTHER
15. MAIDEN NAME Magnolia Garbett.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis, Illinois.

17. INFORMANT Mrs. Ethel Lampa.
(ADDRESS) 8965 Olden Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cemetery DATE May 1, 1939.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED APR 28 1939 [signature] Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

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 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | 1 day. |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical signs 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
If so, specify .....
(Signed) John O'Connell, M. D.
Coroner of St. Louis County, Mo.

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** 3454

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 3454 David E. Gibson, or by .....

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

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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

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