

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

37031
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Charles Registration District No. 757
 (b) Township St. Charles Primary Registration District No. 3036 Registered No. 149
 (c) City St. Charles (d) Street No. 419 N. Kiuphughway 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 Henry Quincy Lammers
 (a) Residence, No. 419 N. Kiuphughway St. (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 Sophie Tanner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1852

7. AGE YEARS 87 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer
 9. Industry or business in which work was done, as saw mill, bank, etc. Car Mfg.
 10. Date deceased last worked at this occupation (month and year) March 1929 11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breez, Illinois

FATHER 13. NAME Wm. Lammers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT R. C. Lammers
 (ADDRESS) 502 Johnston St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE Oct. 7, 1939
Greenwood, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heckman-Bow
St. Charles, Mo.

20. FILED 10/5 1939 Clarence H. Hessler
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1939, to Oct 3rd, 1939
 I last saw him alive on Oct 3rd, 1939. Death is said to have occurred on the date stated above, at 6:10 P. m.
 The principal cause of death and related causes of importance were as follows:
Atherosclerosis.

Date of onset Oct 1939

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

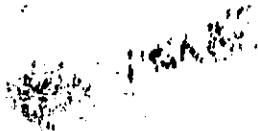
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) T. P. Nardier, M. D.
 (Address) St. Charles, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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..... *Arthur C. Bone*
Licensed Embalmer No..... *3145*
P. O. Address..... *St Charles, 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.