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FILED JUN 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22620**

Registration District No. **78P**

Primary Registration District No. **121**

Registrar's No. **1352**

**1. PLACE OF DEATH:**

(a) County **St. Louis**

(b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**  
(Specify whether years, months or days)

In this community **14 years**

**3. (a) PRINT FULL NAME** **Oregon Lamson**

**3. (b) If veteran,** name war **unknown**

**3. (c) Social Security No.** **unknown**

**4. Sex** **male** **5. Color or race** **white**

**6. (a) Single, widowed, married, divorced** **widower**

**6. (b) Name of husband or wife** **Verdie Lamson**

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **July 9 1864**  
(Month) (Day) (Year)

|                |              |               |             |                             |
|----------------|--------------|---------------|-------------|-----------------------------|
| <b>8. AGE:</b> | <b>Years</b> | <b>Months</b> | <b>Days</b> | <b>If less than one day</b> |
|                | <b>76</b>    | <b>11</b>     | <b>18</b>   | _____ hr. _____ min.        |

**9. Birthplace** **Elston** **Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **nil.**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

**12. Name** **Samuel Lamson**

**13. Birthplace** **unknown** **unknown**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mary Harmon**

**15. Birthplace** **unknown** **unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Thomas L Lamson**

**(b) Address** **8110 Page Blvd.,**

**17. (a) Burial** **(Burial, cremation, or removal)** **(b) Date thereof** **June 28/41**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Memorial Park Cem.,**

**18. (a) Signature of funeral director** **Jos. W. Clark**

**(b) Address** **1125 Hodiament Ave.**

**19. (a) JUN 27 1941** **(Date received local registrar)** **(b) [Signature]** **(Registrar's signature)**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Venita Park**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8110 Page Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **27** year **1941** hour **2** minute **15** A.M.

**21. I hereby certify that I attended the deceased from** **6-20-41** \_\_\_\_\_, 19\_\_\_\_, to **6-27-41** \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on **6-27-41** \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ **Duration** \_\_\_\_\_

**Acute Coriary Decongenation** **6 hrs**

Due to **arteriosclerotic Heart Disease** **Mrs.**

Due to \_\_\_\_\_

Other conditions **Oematitis Medicamentosa** **2 wks**  
(Include pregnancy within 3 months of death)

**DERMATITIS MEDICAMENTOSA** **PHYSICIAN** \_\_\_\_\_

Major findings: \_\_\_\_\_ **gpd**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

**23. Signature** **[Signature]** **(M. D. or other)** **D**

**Address** **St. Louis Co. Hosp** **Date signed** \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *Joe W. Blom*

Licensed Embalmer No... *1661*

P. O. Address... *1125 Hadisman*

**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, fact should be so stated above.**