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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33391

Registrar's No. 8346

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOHN'S HOSP. O
(If not in hospital or institution, write street number or location)

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

In this community 6 YR

**2. USUAL RESIDENCE OF DEACESED:** 099

(a) State MISSOURI (b) County 98

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 8942 NORTH CREST PL.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CATHERINE LAMMERING

3. (b) If veteran, name war — — —

3. (c) Social Security No. — — —

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HERMAN LAMMERING

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased JUNE (Month) 25 (Day) 1876 (Year)

8. AGE: Years 65 Months 3 Days 24 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) CITY O (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name ROMAN MEIER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY YOCHS
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI D (State or foreign country)

16. (a) Informant Herman Lammering Jr.
(b) Address 8943 NORTH CREST PL.

17. (a) BURRIAL (Burial, cremation, or removal) (b) Date thereof OCT. 22 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director HIEDRICH F. HOME
(b) Address 8319 HALLS FERRY RD

19. (a) OCT 21 1941 (Date accident, injury, or illness) (b) J. F. Biedrich (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 19 year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 18, 1940, to Oct 19, 1941; that I last saw her alive on Oct 19, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Strangulated Ventral Hernia | 24 hrs |
| Due to: | |
| Due to: | |
| Other conditions: (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: strangulated bowel with peritonitis general
Of autopsy: yes

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm P Glennon (M. D. or other)

Address University Club Bldg Date signed 10/21/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7401 Zephyr

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

**If this body is not embalmed, fact should be so stated above.**