DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40592

Registration District No. 791 | Primary Registration District No. 100 | Registrar's No. 10350

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

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: Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 146 West Felton ave.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Donald Lee Lamont

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November 30 (Month) 1934 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
7	0	27	hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School Student

11. Industry or business Hancock School

FATHER
12. Name Earl Lamont
13. Birthplace Bonne Terre (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lillie Niccum
15. Birthplace (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Earl Lamont
(b) Address 146 W. Felton ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof December 29, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C Hoffmeister Mr & Co.
(b) Address 7814 S. Broadway

19. (a) DEC 29 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1941. hour 11 minute 15 P.M.

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

Immediate cause of death: Subarachnoid Hemorrhage of Brain Oedema of Brain. Dislocation of 1st Cervicle, When he was struck by a Service Cervicle ~~When he was struck by~~ Driven by one Raymond Blank

Duration: In front of about 9136 So Broadway about 6:10 pm 12/24/41

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 Toc-8
Of autopsy 21

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) Accident
(b) Date of occurrence 12/24/41
(c) Where did injury occur? St Louis Co (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M.D. or other)
Address Deputy Coroner Date signed 12/29/41

(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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadwa

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

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