

FILED FEB 3, 1942

Registration District No. 787

Primary Registration District No. 200

Registrar's No. 190

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town North
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robert Koch
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo (Specify whether
In this community 25 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4269 1/2 Kennedy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

GARVIN LAMPKIN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MC

5. Color or race N

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

6. (b) Name of husband or wife Mrs. Marie Lampkin

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

7. Birth date of deceased October 9 (Month) (Day)

1890 (Year)

8. AGE:

Years 51 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Hawthornville (City, town, or county)

Ga. 1 (State or foreign country)

10. Usual occupation Odd jobs

11. Industry or business

12. Name Perry Lampkin

13. Birthplace Unknown (City, town, or county)

Ga. (State or foreign country)

14. Maiden name Ella Parrell

15. Birthplace Unknown (City, town, or county)

Ga. (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Robert Koch Hosp.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis, Mo.

19. (a) JAN 27 1942 (Date received local registrar) (b) C. H. Mc. Durand (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1942 hour 1 minute 20 A.M.
21. I hereby certify that I attended the deceased from 7-18-41 19 to 1-24-42 1942
that I last saw him alive on 1-24-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 9 mo.

Due to 13/11
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy Pulmonary Tuberculosis
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Robert C. Sweet (M. D. or other) Address Robert Koch Hospital Date signed 1/27

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

MOTHER FATHER

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.....

James A. Johnson

Registered (Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.