

FILED APR 13 1942
Registration District No. 1

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2816 Osage St.
(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 24. MO
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2816 Osage St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERNADINE LAMPE

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 August H. Lampe 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 18, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 6 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Theodore Dierker

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

14. Maiden name Caroline Mewer

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

16. (a) Informant August H. Lampe

(b) Address 2816 Osage St.

17. (a) Burial (b) Date thereof 3/ /42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Behken-Benz
2842 Meramec St.

(b) Address _____
19. (a) MAR 26 1942 (b) J. F. Juedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24th.
year 1942 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from march 18 1942, to march 24 1942;
that I last saw her alive on march 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration hrs.

Due to 186 a
Due to 18

Other conditions Fracture both forearms
(Include pregnancy within 3 months of death)

Major findings: 3-18-42 - blue to fall on
Of operations steps

Of autopsy _____

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? _____

23. Signature Walter M. Jones (M. D. _____)
Address 3400 Meramec Date signed 3/25/42

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.....
Licensed Embalmer No.....
P. O. Address.....
.....

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.