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Ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 7 1942

1003

3732

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5316 Ave Brillante 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Wm. Lamp

MEDICAL CERTIFICATION

3. (b) If veteran, name war 3. (c) Social Security No.

20. DATE OF DEATH: Month April day 25,
year 1942 hour 6:50 minute P. M.

4. Sex M. 5. Color or race White
6. (a) Single, widowed, married, divorced 0

21. I hereby certify that I attended the deceased from April 18,
19 42 to April 25, 19 42;
that I last saw h im alive on April 25, 19 42;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased Oct 15 1865
(Month) (Day) (Year)

Immediate cause of death.....

8. AGE: Years Months Days If less than one day
76 6 10 hr. min.

Carcinoma of Rectum
Due to.....

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

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Interior decorator Retired

PHYSICIAN

11. Industry or business.....

Major findings:
Of operations.....

12. Name Peter Lamp

Of autopsy As above

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

14. Maiden name Friedricha Drecherbaum

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

16. (a) Informant Peter Lamp
(b) Address 5316 Ave Brillante

17. (a) Equal (b) Date thereof April 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director J. F. Brodeck
(b) Address 1925 Union

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

19. (a) APR 27 1942 (b) J. F. Brodeck
(Date received local registrar) (Registrar's signature)

(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 M W Lewis (M. D. or other)
Address 1515 Lafayette Avenue Date signed 4/27/42

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

847 (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.....

Albert B. Thompson Jr.

Licensed Embalmer No. ~~4237~~ 4237

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.