

No. 2  
-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Horst 33734

State File No. \_\_\_\_\_

FILED NOV 12 1942  
Registration District No. 1228

Primary Registration District No. 2000

Registrar's No. 765

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution:  
1921 N. Broadway /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41 Years  
In this community 41 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 1921 N. Broadway  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mary Lampe  
(b) If veteran, name war no  
(c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 24  
year 1942 hour 11 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Sept 27  
1942 to Oct 24 1942  
that I last saw her alive on Oct 24  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife H.W. Lampe  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased: Feb. 9 1864  
(Month) (Day) (Year)

Immediate cause of death Cornary Thrombosis  
Duration about 4 months  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 94a

8. AGE: Years 78 Months 8 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace New Baden Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Peter Schwartztrauber  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathryn Wilding  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
16. (a) Informant H.W. Lampe  
(b) Address Springfield, Mo.  
17. (a) Burial (b) Date thereof Oct. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary  
18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.  
19. (a) 10-26-42 (b) W. Handley  
(Date received local registrar) (Registrar's signature)

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 O. Horst (M. D. or other) \_\_\_\_\_  
Address 430 2nd St Springfield Mo Date signed 10/26/42

984 (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 *Walter E. Hainell*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield MA*.....

**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.**

*X*