

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

ED MAY 11 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(c) Name of hospital or institution 207 John St  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 John Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. no years 0

3. (a) PRINT FULL NAME THEODORE LAMPE

3. (b) If veteran, name war none 3. (c) Social Security No. 490-09-4373

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Dickrite Lampe  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased December 8 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1943 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 5 1943 to April 5 1943  
that I first saw him alive on April 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Mitral Regurgitation  
(Include pregnancy within 3 months of death)

Major findings: Pulmonary Edema  
Of operations \_\_\_\_\_  
Of autopsy 92%  
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 J. B. Bruce (M. D. or other) MD  
Address Jefferson City Date signed 5/19/43

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

26  
5  
4

MOTHER FATHER

10. Usual occupation Laborer  
11. Industry or business Pop. Construction Co.  
12. Name Fred Lampe  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Brun  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theodor Lampe  
(b) Address Jefferson City, Mo.  
17. (a) Burial (b) Date thereof 4/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter's Cemetery  
18. (a) Signature of funeral director Superior Death  
(b) Address Jefferson City, Mo.  
19. (a) 4-9-43 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

NOV 29 1918

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**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 .....

*Sylvester Dulle*

Registered Apprentice No. ....

working under my personal supervision.

Signed .....

*Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

**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.