S. No. 2
M—5-42
v. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16311

FILED JUN 4 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4751

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3754 So. Spring Ave., (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri, (b) County 17
(c) City or town St. Louis, 9 16 (If outside city or town limits, write "RURAL")
(d) Street No. 3754 So. Spring Ave., (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Raymond G. Lammlein,
3. (b) If veteran, name war
3. (c) Social Security No. 489-10-6157
4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Ella Lammlein,
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January (Month) 6, (Day) 1894 (Year)

8. AGE: Years 49 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Lohman, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Gen'l Foreman
11. Industry or business American Car & Foundry,
MOTHER FATHER
12. Name William Lammlein,
13. Birthplace Don't Know, (City, town, or county) 9 (State or foreign country)
14. Maiden name Mary Stocker,
15. Birthplace Don't Know, (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ella Lammlein,
(b) Address 3754 So. Spring Ave.,
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New SS. P & P Cem.
18. (a) Signature of funeral director Geken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) MAY 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1943 hour 6: minute 10 A. M.

21. I hereby certify that I attended the deceased from 4-9- 1943 to 5-21- 1943 that I last saw him alive on 5-21- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 38 Days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Roman J. Strang (M. D. or other) MD
Address 4500 Virginia Date signed 5-21-43

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe S. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 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.**