V. S. No. 2
00M—2-43
5-17-39
X35507

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

19290

State File No. 5944

FILED JUL 8 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: 1045 (rear) Allen
(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)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 723

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1045 (rear) Allen
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGIA K. LAMMERT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 28th 1943 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 0 min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Frank Lammert
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Georgia K. Bowen
15. Birthplace Long Beach, California (City, town, or county) / (State or foreign country)

16. (a) Informant Frank Lammert
(b) Address 1045 (Rear) Allen

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation Old s.s. Peter & Paul

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

JUN 29 1943

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25 19 43 to June 28 19 43; that I last saw h alive on June 28 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death 7½ premature birth

Duration

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 J. Schwendener (M. D. or other) MD

Address 2000 Date signed 6/28/43

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.

Not Embalmed

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.