

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19918**
Registrar's No. **65**

FILED JUL 8 1946

Registration District No. **116** Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County **Franklin.**

(b) City or town **Washington.**

(c) Name of hospital or institution: **510 Hickory St.**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **None.**
(If not in hospital or institution, write street number or location)

In this community **90 yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Martin Lamke.**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **Male 0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Catherine Lamke**

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

7. Birth date of deceased **February 19th, 1856.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	3	23	hr. min.

9. Birthplace **Krakow, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stone Mason.**

11. Industry or business **X**

12. Name **Christ Lamke.**

13. Birthplace **Unknown, Germany.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Fipps.**

15. Birthplace **Unknown, Germany.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anna Lamke**

(b) Address **510 Hickory St. Washington, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 15, 1946.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Hilburg & Pitt, Inc**

(b) Address **Washington, Mo.**

19. (a) **6/15/46** (Date received local registrar)

(b) *[Signature]* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin.**

(c) City or town **Washington**
(If outside city or town limits, write "RURAL")

(d) Street No. **510 Hickory St.**
(If rural, give location)

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

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12th.**
year **1946** hour **5:00** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **June 7** to **June 12, 1946.**
that I last saw him alive on **June 11** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **Hypostasis**

Due to **smelting**

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations **107**

Of autopsy

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 *[Signature]* (M. D. or other)

Address **Washington, Mo.** Date signed **6/17/46**

99

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-3-46

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 Lester A. Vith

Licensed Embalmer No. 3254

P. O. Address Washington, 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.