

Registration District No. _____ Primary Registration District No. 1003 _____

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:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 12/17
(d) Street No. 220 N. Kingshighway 9
(If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANKLIN L. LAMPEL
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ida Dick Lampel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12th
year 1947 hour 1:45 minute A. M.
21. I hereby certify that I attended the deceased from March 7, 1947, to March 12, 1947.
that I last saw him alive on March 11, 1947.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 11 22 _____ hr. _____ min.

Immediate cause of death _____
acute coronary occlusion & h.c.
Due to General arteriosclerosis

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 94
Major findings:
Of operations _____
Of autopsy _____

MOTHER, FATHER {
12. Name Laurence Lampel
13. Birthplace Bamberg Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Dieckman
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Gertrude Fiorita
(b) Address 530 N. Union Blv'd., St. Louis
17. (a) burial (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Anthony B. Day (M. D. or other) _____
Address 2720 Washington Blvd. Date signed 3-12-47

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis
19. (a) 1147-13-450 (b) J. F. Bredeck
(Date registered) (Registrar's signature)

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

Dr. Anthony Day
3720 Washington Blvd.
NE0870

1-4 p.m.

411

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address 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.