

3. No. 2
-12-45
5-17-39
I X47070

FILED MAY 9 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4387

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3857 Neosho St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Frank V. Lammert

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Lammert

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

7. Birth date of deceased September 7, 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	40	7	21 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business

MOTHER FATHER

12. Name Frank Lammert

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Luttkraus

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Lammert

(b) Address 3857 Neosho St.

17. (a) Burial (b) Date thereof 4-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) 30 J. F. Brudeck (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3857 Neosho St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th
year 1947 hour 6:30 a.m. minute DST M.

21. I hereby certify that I attended the deceased from Feb. 2, 1947, to April 28, 1947;
that I last saw him alive on April 27, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 24 hrs

Due to Hypertension 3 mo

Due to

Other conditions (Include pregnancy within 3 months of death) 850

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?.....

While at work? (Specify type of place)..... (c) Means of injury.....

23. Signature Durand Benjamin (M. D. or other) MD
Address 7430 Virginia Ave. Date signed 4/28/47

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

DR. BENJAMIN
7430 VIRGINIA
Rt 2345

2 to 4
P.M.

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.....

Licensed Embalmer No. 3653

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.