

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15961  
State File No. \_\_\_\_\_  
Registrar's No. 1006

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Reavis Bks. Rd. east of Union Road /  
(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 Elizabeth 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 Widowed

6. (b) Name of husband or wife Franz Lammert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 18 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Anton Hoffmeyer 14

13. Birthplace Germany 14  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Unknown

15. Birthplace Germany 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth McEntee 3

(b) Address Route 14, Box 470 Affton, Mo.

17. (a) Burial (b) Date thereof May 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Assumption Cem. Mattese, Mo.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 36-47 (b) Gene? Sharpe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Lemay Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Reavis Bks. Rd. east of Union road 6  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1947 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 27 1947  
\_\_\_\_\_ 19 \_\_\_\_\_ to 3 May 19 \_\_\_\_\_  
that I last saw her alive on 3 May 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above

Immediate cause of death Peritonitis spreading secondary Duration 3 days

Due to Ruptured duodenal ulcer and heart failure and ?

Due to Right inguinal hernia

Other conditions Sen. Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Chronic myocarditis  
Of operations degeneration

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Joseph Young (M. D. or other) M.D.  
Address 5431 Oakwood Date signed 5 May 47

5439  
1-3  
6-8  
Brenton

**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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7814 S Broadway*

**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.**