No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35969

Registrar's No. 9846

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 4873 Bessie Ave
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4873 Bessie Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank L. Lampe

3. (b) If veteran, name war

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 Clara Lampe

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 18 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	4	hr. min.

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

10. Usual occupation Retired Chemical Works

11. Industry or business Mallinckrodt Chemical Co

FATHER
12. Name Louis Lampe
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Hansmann
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Clara Lampe
(b) Address 4873 Bessie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) OCT 24 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1947 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1946 to Oct 22, 1947 that I last saw alive on Oct 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 weeks
Due to Hypertension	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	1 year

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Richard H. Himmel (M. D. or other) M.D.
Address 5146 St. Louis Ave Date signed 10-23-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Mlenar

Licensed Embalmer No. 4186

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.