. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43231

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11567

1. PLACE OF DEATH:

(a) County ST. LOUIS MO.

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

(c) Name of hospital or institution: 1623 KNAPP STR. 1 (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) 56 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 000

(c) City or town ST. LOUIS. 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1623 KNAPP STR. 4 (If rural, give location)

26- 0

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

If yes, name country NONE

3. (a) PRINT FULL NAME MICHAEL LAMEK

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ANNA LAMEK

6. (c) Age of husband or wife if alive 77 years

7. Birthplace of deceased DEC (Month) 16TH (Day) 1868 (Year)

8. AGE: Years 79 Months 0 Days 1. If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business LUMBER SCALER

FATHER
12. Name JOHN LAMEK
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Rev. John T. Lamek

(b) Address 1623 Knapp St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brocklaud Und Co

(b) Address 1827 Hogan St.

19. (a) DEC 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 17TH year 1947. hour 2 25 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1947, to Dec. 17 1947, that I last saw him alive on Dec. 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 days
Due to: Hypertension	1 yaer
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83

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 0

23. Signature Fred R Krug (M. D. ~~or other~~)

Address 2249 St. Louis ave Date signed 12/18 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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address .....

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.