

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7405
Registrar's No. 373

Registration District No. 307 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lanaway
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
In this community 43 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town St. John's Station 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3425 Charlack 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILTON W. LAMMERS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Helen Bahr Lammers
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 1, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 2 0 hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business Auto Parts

12. Name William Lammers
13. Birthplace Stone Church, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Anna Wegehoff
15. Birthplace Stone Church, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Schueschelis
(b) Address R. #3, Box 115, Baden Station

17. (a) Burial (b) Date thereof March 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) 3-2-48 (b) George M. Jank
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 1
year 1948 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from JULY 15, 1946 to MARCH 1, 1948;
that I last saw him alive on MARCH 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY & CARDIAC FAILURE

Due to PULMONARY TUBERCULOSIS

Due to 136

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

Major findings:
Of operations _____
Of autopsy _____

Duration
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 0

23. Signature George M. Jank (M. D. or other)
Address Mt. St. Rose San. Date signed 3/1/48

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 Walter Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St. Louis Ave

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.