

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

21064

FILED JUL 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

5921

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
Street No. 1916 Cass Ave.
9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD LAMMERING

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 single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 3 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 28 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph Lammering
13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Sadie Ebeling
15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daniel Coughlin
(b) Address 3210 Hebert St.

17. (a) burial (b) Date thereof 7-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Picker Cemetery

18. (a) Signature of funeral director: Morrell Und. Co.

(b) Address 212 St. Louis Ave.

19. (a) JUL 2 1948 J. J. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1948 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from 5/3/48
1948, to July 1st 1948
that I last saw him alive on July 1st 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Psychosis - Anterior
Heart Disease
Due to Cerebral arteriosclerosis

Other conditions Psychosis -
(Include pregnancy within 3 months of death)
Cerebral arteriosclerosis

Major findings: Psychosis -
Of operations J.P.A.
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J.P.A. (Mr. Doer other) 0
Address 1515 Lafayette Date signed 7/2/48

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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.....

~~Signature of Embalmer~~
Signed Gustav W. Dietrich
Licensed Embalmer No. 4329
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.