

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 24459  
Registrar's No. 6876

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(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)

3. (a) PRINT FULL NAME WALTER A. LAMM

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 Edith Lamm (nee Turner) 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased July 10th 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 0 23 hr. min.

9. Birthplace Paragould, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business.....

12. Name Shird Lamm  
13. Birthplace Ark.  
14. Maiden name Minnie Bennett  
15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith Lamm Wife  
(b) Address 4840a St. Louis Ave.  
17. (a) buried (b) Date thereof 8-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Memorial Park Cem.  
18. (a) Signature of funeral director Sullivan Brothers  
(b) Address 2849 No. Euclid Ave.  
19. (a) AUG 5 1948 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4840a St. Louis Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 3rd  
year 1948 hour 6:20 A.M. minute..... M.

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

Immediate cause of death Left Ventricular Failure  
cardiac dropsey  
Due to.....  
Other conditions (Include pregnancy within 3 months of death) 95

Major findings:  
Of operations.....  
Of autopsy.....  
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 Dr. M. L. Brockmeier (M. D. or other) 0  
Address 830 N. Kingshighway Date signed 8/4/48

(Licensed Embalmer's Statement on Reverse Side)

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

To 3933

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Robert L. Brinkman*

..... Licensed Embalmer No. *3553*

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.**