

S. No. 2
DM-5-43
5-17-39
1 X36871

Dr. Callaway

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29486

FILED OCT 9 1948

Registrar's No. 844

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
In this community 17 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1218 So. Pickwick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas A. Lalumendier

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month October day 3
year 1948 hour 3 minute P. M.

3. (b) If veteran, name war No 3. (c) Social Security No. 7

21. I hereby certify that I attended the deceased from earlier, 1935 to Oct 3, 1948, that I last saw him alive on Oct 3, 1948; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death: Coronary Thrombosis Duration 9 hrs.

6. (b) Name of husband or wife Clara B. Lalumendier 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased October, 19, 1859
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 15 If less than one day hr. min.

Other conditions: Diabetes Mellitus 20+yr.
Var. Arteriosclerosis

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

Major findings: Of operations

10. Usual occupation Retired

Of autopsy (6)

11. Industry or business _____

12. Name Albert Lalumendier
13. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Robinson
15. Birthplace Perrville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucile Goodpaster

(b) Address 1218 So. Pickwick, Spfd. Mo
17. (a) Removal (b) Date thereof 10/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Herman H. Lohmeyer
(b) Address Springfield, Missouri

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?

19. (a) 10-4-48 (b) W. H. Handley M.D.
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____ (e) Means of injury 0
23. Signature Wm. D. Callaway (M. D. or other)
Address Springfield Date signed 10/4/48

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 E. Jamiller

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.