

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 1 1949

State File No. _____
Registrar's No. 2587

BIRTH NO. 49-118585 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 16	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Mehlville (Rural) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital 0		d. STREET ADDRESS (If rural, give location) P.R. No. II, Box 407 Forder Road	
3. NAME OF DECEASED (Type or Print) a. (First) (Baby) b. (Middle) Infant c. (Last) Lammert		4. DATE OF DEATH (Month) (Day) (Year) March 22, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 22, 1949
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME Ethel Jones	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry Lammert RR II, Box 407 Lemay 23, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hydrocephalus & spina bifida at birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 15' 11" 75 2 X		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1949, to 1 hr after birth, that I last saw the deceased alive on Feb 22, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>William Paul Stude</i>	(Degree or title)	23b. ADDRESS 509 North Grand	23c. DATE SIGNED 3-22-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 22, '49	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Lemay 23, Missouri

DATE RECEIVED BY LOCAL REG. MAR 22 1949	REGISTRAR'S SIGNATURE <i>J. B. Fasano</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U&L Co. 7814 S. Bdwy City II	ADDRESS.
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Dr. Wm. C. Stude
539 N. Grand
Will sign I PM 3/22/49

Fluid Packed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.