No. 300
10.48

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21316
Registrar's No. 5984

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 3
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 17
d. STREET ADDRESS (If rural, give location): 1617 No 25th 0

3. NAME OF DECEASED (Type or Print): a. (First) Culver b. (Middle) W c. (Last) Lamer
4. DATE OF DEATH (Month) (Day) (Year): 7-7-1949
5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: April 1, 1906
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Richard Lamer
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Eva
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eva Lamer — ADDRESS: 1617 No 25th

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of heart self inflicted in basement

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) by restaurant located at 1534 Franklin about

DUE TO (c) 200 pm July 7 1949

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Suicide

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Basement
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo 1640
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 7 49 200 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gun

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___ and that death occurred at 200 p. m., from the causes and on the date stated above.

23a. SIGNATURE: Patrick E. Taylor (Degree or title) Cor/3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-8-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Carbondale Ill

DATE REC'D BY LOCAL REG.: JUL 8 1949
REGISTRAR'S SIGNATURE: J B Lasale
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rowland Mortuary Service Inc. 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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 William Halpern, Student Embalmer No. 534, working under my personal supervision.

Student Wm Halpern
Student Embalmer

Signed Ronald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.