

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **6427**
 Registrar's No. **1041**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1041			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO		c. LENGTH OF STAY (In this place) 13 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO.					
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 15 4229 S GANNETT					
3. NAME OF DECEASED (Type or Print) a. (First) MARJORIE b. (Middle) LUCK c. (Last) LAMMLEIN			4. DATE OF DEATH (Month) (Day) (Year) 1-31-50						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH APRIL 24 1924			
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME BRONSON C PARKER			13b. MOTHER'S MAIDEN NAME MARGARET J. RACHOW			14. NAME OF HUSBAND OR WIFE CHAS F. LAMMLEIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES LAMMLEIN					
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, asthma, etc. - It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fecal Peritonitis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Paralytic Ileus DUE TO (b) Post operative intestinal perforation. Paralytic Ileus II. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, bilateral				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION 1-20-50		19b. MAJOR FINDINGS OF OPERATION Cesarean Section.				20. AUTOPSY? YES <input checked="" 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) 6785					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 1/20 , 19 50 , to 1/31 , 19 50 , that I last saw the deceased alive on JAN 31 , 19 50 , and that death occurred at 3:15 P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Hugh R. Smith M.D.				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 1-31-50			
24a. BURIAL/CREMATION/REMOVAL (Specify) BURIAL		24b. DATE FEB 4 1950		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.			
DATE REC'D BY LOCAL REG. FEB 1 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutz 3906 Dravos Ave.					

(Licensed Embalmer's Statement on Reverse Side)

ONLY - USE INK - PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

Miss

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 *Leo J. Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, 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.