

No. 300
10-48

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25644

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1849

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>St. Louis</u> b. COUNTY <u>Missouri</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>35 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Pagadale</u> 28 TOWN <u>Pagadale</u> 4280 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6814 Primrose</u> | | d. STREET ADDRESS (If rural, give location) <u>6814 Primrose</u> 0 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret E.</u> b. (Middle) <u>Lammers</u> c. (Last) <u>Lammers</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 31 50</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Oct. 16, 1895</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>File Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wire Rope Manfg.</u> | 11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>John B. Lammers</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Helfrich</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>494-05-4065</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Richter</u> ADDRESS <u>6447 Clayton</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | 4201 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) m. | 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 Aug 18, 1949, to July 31, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 3a m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. G. Lockman M.D.</u> (Degree or title) | 23b. ADDRESS <u>3902 Olive St.</u> | 23c. DATE SIGNED <u>8/1/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/3/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>8-2-50</u> | REGISTRAR'S SIGNATURE <u>Robert H. Hanks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Kelly</u> ADDRESS <u>7267 Natural Bridge</u> |
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(Licensed Embalmer's Signature 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Allen Davis Jr.

Licensed Embalmer No. 4053

P.O. Address Laurel

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.