

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6339

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1566**

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

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (In this place)  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>1921 East Warne Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>KATHERINE</b> b. (Middle) <b>LAMERS</b> c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>FEBR. 14 1951</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>June 19, 1891</b>
<b>9. AGE</b> (In years last birthday) <b>59</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>25</b> IF UNDER 1 HR. Hours Min.		<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Mo.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housework</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Michael Bauer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Katherine Zumsteg</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Lamers</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John Lamers</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>H22.2</b>		<b>22. I hereby certify that I attended the deceased from 6-19, 1950, to 2-14-51, 1951, that I last saw the deceased alive on 2-15, 1951, and that death occurred at 11:50 P.M., from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> <i>Clara Ayman</i>		<b>23b. ADDRESS</b> <b>5400 Arsenal St</b>	
<b>23c. DATE SIGNED</b> <b>2/15/51</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	
<b>24b. DATE</b> <b>2/17/51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Peter &amp; Paul Cemetery St. Louis</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John H. Gebken Sons</b>	
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>FEB 16 1951</b>		<b>ADDRESS</b> <b>2630 Gravois Ave.</b>	

**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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**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.**