

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 24899
Registrar's No. 5863

318

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|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>42</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u> | | d. STREET ADDRESS (If rural, give location) <u>3 Granada Way</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3 Granada Way</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> | | b. (Middle) <u>HERMAN</u> | | c. (Last) <u>LAMPE</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 29 1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>9/17/1892</u> | |
| 9. AGE (In years last birthday) <u>58</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> | | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe machinery</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Christian Lampe</u> | | 13b. MOTHER'S MAIDEN NAME <u>Henrietta Hoegemeier</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs A. H. Preiss, 3 Granada Way,</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u> | | 16. SOCIAL SECURITY NO. <u>WW-1</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs A. H. Preiss, 3 Granada Way,</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio-vascular disease</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> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>115 yrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>H43X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 31, 1948</u> , to <u>June 29, 1951</u> , that I last saw the deceased alive on <u>June 28, 1951</u> , and that death occurred at <u>5⁰⁵ A. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert W. Smith M.D.</u> | | | | 23b. ADDRESS <u>114 N. Taylor</u> | | 23c. DATE SIGNED <u>6/29/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/30/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u> | | 24d. LOCATION (City, town, or county) (State) <u>Saint Louis Mo.</u> | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lanter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u> | | ADDRESS <u>6633 Clayton Road</u> | | | |

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

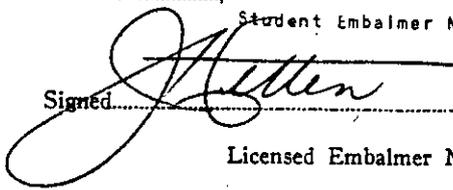
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....

Student Embalmer

Licensed Embalmer No. 3880

P. O. Address.....

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.