

FILED JAN 26 1952

STANDARD CERTIFICATE OF DEATH

3027

State File No.

318

1003

0383

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____ Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4571 Arco Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>C.</u> c. (Last) <u>Lampe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1952</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 23 1861</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 12 HRS. HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lampe</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Lampe, 4571 Arco Ave.</u>			
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) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>athero-sclerosis</u> DUE TO (c) <u>Carcinoma of prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>20 yrs.</u> <u>2 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 1951, to <u>Jan 13</u> , 1952, that I last saw the deceased alive on <u>Jan 13 1952</u> , and that death occurred at <u>7:30p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lew Welsh, M.D.</u> (Degree or title)				23b. ADDRESS <u>4030 Chautau</u>		23c. DATE SIGNED <u>1/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY REG. <u>JAN 14 1952</u>		REGISTRAR'S SIGNATURE <u>Neal Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>	

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

Dr. L. C. Welsh,
Chautauque Bldg.
(12 to 5)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.