S. No. 300
v. 10.48

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33150

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8477

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DePaul Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois, b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eldred, 8120
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print) a. (First) Marie (May) b. (Middle) c. (Last) Lamprecht,

4. DATE OF DEATH (Month) (Day) (Year) September 8, 1952.

5. SEX 1 Female,
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2
8. DATE OF BIRTH February 6, 1884
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George H. Repking,
13b. MOTHER'S MAIDEN NAME Caroline Diren,
14. NAME OF HUSBAND OR WIFE George A. Lamprecht, (Dec'd).

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Marie Paetz, 1120 Riverview. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver Metastatic — INTERVAL BETWEEN ONSET AND DEATH 11-10-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) D Carcinoma (Cecum) 1950 / D Carcinoma (Varies) 1950
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11-10-50
19b. MAJOR FINDINGS OF OPERATION D Carcinoma Cecum + Both Varies E Liver Metastases
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. *I hereby certify that I attended the deceased from* 11-10, 1950, *to* 9-8, 1952, *that I last saw the deceased alive on* 9-8, 1952, *and that death occurred at* 8:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Everett J. Javaux (Degree or title) M.D.
23b. ADDRESS 607 N. Grand Blvd
23c. DATE SIGNED 9-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal, 4
24b. DATE Sept 11, 1952
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. SEP 9 1952
REGISTRAR'S SIGNATURE J Carl Smith MD MSB
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, **ADDRESS** 2842 Meramec St., St. Louis, 18, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Jae B. Berg

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, 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.