537 FILED JAN 30 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

4319

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0155

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Concord Village
c. LENGTH OF STAY (In this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1335 Theiss

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Concord Village
d. STREET ADDRESS (If rural, give location) 1335 Theiss

4840

**3. NAME OF DECEASED** (Type or Print)
a. (First) Herman
b. (Middle) Lammering Sr.,
c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year) Jan 15th, 1953

**5. SEX** male 0

**6. COLOR OR RACE** white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed

**8. DATE OF BIRTH** June 7th 1880

**9. AGE** (In years last birthday) 72 | 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) truck gardner

**10b. KIND OF BUSINESS OR INDUSTRY** self employed

**11. BIRTHPLACE** (City and State or Foreign Country) Germany

**12. CITIZEN OF WHAT COUNTRY?** 4

**13a. FATHER'S NAME** not known

**13b. MOTHER'S MAIDEN NAME** not known

**14. NAME OF HUSBAND OR WIFE** Catherine Lammering

**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.** none

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS
Anthony Lammering, 1335 Theiss

**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) Heart failure - Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Emphysema — 3 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
5271

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**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?**

22. *I hereby certify that I attended the deceased from* 12-4-, 1952, *to* 1-15-, 1953, *that I last saw the deceased alive on* 1-15-53, 19—, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title)
Henry W. Moller MD

**23b. ADDRESS**
3720 Washington St Louis Mo

**23c. DATE SIGNED** 1-19-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) removal

**24b. DATE** 1/19/53

**24c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery

**24d. LOCATION** (City, town, or county) (State) St. Louis, Mo.

**DATE REC'D BY LOCAL REG.** 1-17-53

**REGISTRAR'S SIGNATURE** Herbert R. Donohue M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS
Diedrich F. Home, 8319 Hallsferry

(Licensed Embalmer's Statement 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 John J. Haines

Licensed Embalmer No. 4608

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.