

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15905

State File No.

FILED APR 18 1953

318

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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 Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 66 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4407a So. Grand Blvd				e. STREET ADDRESS (If rural, give location) 15 4407a So. Grand Blvd 2159					
3. NAME OF DECEASED (Type or Print) AUGUSTA			a. (First)		b. (Middle)		c. (Last) LAMMERING		
4. DATE OF DEATH April 3 1953		(Month) (Day) (Year)		5. SEX female		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 5, 1886		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME CHARLES FREEMAN		13b. MOTHER'S MAIDEN NAME ALBINA SCHOLZ		14. NAME OF HUSBAND OR WIFE RALPH R. LAMMERING					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph R. Lammering, 4407a So. Grand Blvd					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas, liver & gall bladder.				ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 12-4-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas, liver, & gall bladder				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? 157X					
22. I hereby certify that I attended the deceased from 1-13, 1953, to 3-28, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 4:20 A.M., from the causes and on the date stated above.									
23a. SIGNATURE G. L. Kestel M.D.				23b. ADDRESS 3606 Gravois Ave.		23c. DATE SIGNED 4-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr. 6, 1953		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 4 1953		REGISTRAR'S SIGNATURE Earl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave.					

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

Dr. R. L. Ehrlich,
3606 Gravois Ave.

La 18183 P 2011

I have been
receiving the body of [unclear] [unclear]
during the [unclear] [unclear]
absence.

Dr. R. L. Ehrlich

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. None
working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Deloit J. Krupin
Licensed Embalmer No. 3497
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.