

7
No. 300
V. 10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26613**
Registrar's No. **6553**

FILED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Lemay			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Morganford & Bowen		e. STREET ADDRESS (If rural, give location) 803a Military Rd. 4870					
3. NAME OF DECEASED (Type or Print) a. (First) Ted		b. (Middle) A.		c. (Last) Lammert, Jr.			
4. DATE OF DEATH (Month) (Day) (Year) June 30 1953		5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 1, 1927		9. AGE (In years last birthday) 25			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Hauling		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Theodore A. Lammert		13b. MOTHER'S MAIDEN NAME Mae Grubeh			
14. NAME OF HUSBAND OR WIFE Eileen Lammert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WORLD WAR 2		16. SOCIAL SECURITY NO. ---			
17. INFORMANT'S SIGNATURE OR NAME Eileen Lammert		ADDRESS 803a Military Rd.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Puncture wound of heart ANTECEDENT CAUSES Fr of Sternum, suffered when motorcycle operated by deceased Must ask of Central St Morgaunford and Bowen Str. Hospital 307 per June 30 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME (Month) (Day) (Year) (Hour) June 30 53 58 P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 000 E 821.4			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 507 P. , from the causes and on the date stated above. 31							
23a. SIGNATURE Patric E. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.2.53.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis County Missouri		DATE REC'D BY LOCAL REG. JUL 2 1953		REGISTRAR'S SIGNATURE Carl Smith			
FUNERAL DIRECTOR'S SIGNATURE Wacker - Felderle		ADDRESS 3634 Gravois Ave.					

(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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank J. Plaud Sr.

Licensed Embalmer No. *267*

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.