.S. No. 300
EV. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34642

FILED OCT 9 1953

BIRTH NO. 67806 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2508

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteopathic Hospital

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): Berkeley 4041 0
d. STREET ADDRESS (If rural, give location): 6119 Wulff

3. NAME OF DECEASED (Type or Print)
a. (First): JEFFREY
b. (Middle): TODD
c. (Last): LAMI

4. DATE OF DEATH (Month): 9 (Day): 24 (Year): 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED 0

8. DATE OF BIRTH: [redacted] 9-3-53

9. AGE (In years last birthday): 21 (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): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Normandy, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arno Lami

13b. MOTHER'S MAIDEN NAME: Margaret Unbewust

14. NAME OF HUSBAND OR WIFE: NONE

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: Arno L. Lami
ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Meningo-Encephalitis
DUE TO (c): Unknown at present

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Multiple infected emboli, birth trauma. — 21 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 7600

20. AUTOPSY? YES [X] 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* 9/23/53, 19__, *to* 9/24/53, 19__, *that I last saw the deceased alive on* 9/24/53, 19__, *and that death occurred at* 12:25 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martyn E. Richardson D.O.

23b. ADDRESS: 2335 Brown Road, Overland 14, Mo.

23c. DATE SIGNED: 9/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9/25/53

24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens

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

DATE REC'D BY LOCAL REG.: 9-25-53

REGISTRAR'S SIGNATURE: Herbert L. Slomke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Chapell, Ferguson, 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 _____

_____, Student Embalmer No. _____

working under my personal supervision Not Embalmed

Signed Elena Ponnie

Signed _____
Student Embalmer

Licensed Embalmer No. 3403

P. O. Address Jenning 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.