

FILED DEC 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14323

State File No. 11537
Registrar's No. 11537

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File 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 ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN AFFTON 4820		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTER POOR				e. STREET ADDRESS (If rural, give location) 9410 McKENZIE RD					
3. NAME OF DECEASED (Type or Print) ANNA - LAMPE			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH DEC. 4 1953				(Month)		(Day)		(Year)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOW		8. DATE OF BIRTH AUG. 15 1879		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME JOSEPH SAUTER			13b. MOTHER'S MAIDEN NAME MARY KLASKI			14. NAME OF HUSBAND OR WIFE WENCEL LAMPE (DEC'D)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN LAMPE 9410 McKENZIE RD					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Degenerative Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 1 yr	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis						2 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		21f. HOW DID INJURY OCCUR? 4221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Jan 10, 1952 to Dec 4, 1953, that I last saw the deceased alive on Dec 4, 1953, and that death occurred at 11:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 607 1/2 Grand		23c. DATE SIGNED 12-5-53					
24a. BURIAL, CREMATION REMOVAL		24b. DATE DEC 7 1953		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo			
DATE REC'D BY LOCAL REG. DEC 7 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 [Address]					

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3989
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.