

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25686

State File No.

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 14-1955

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba, Benton Twmsp</u>		c. CITY OR TOWN <u>Wellston</u>	
c. LENGTH OF STAY (in this place) <u>intense</u>		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 <u>Enroute to Hosp. in Amb.</u>		e. STREET ADDRESS (If rural, give location) <u>6156A Page Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Lampe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16, 1955</u>
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ser. Sta. Attd</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ser. Sta</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Herbert George Lampe</u>	
13b. MOTHER'S MAIDEN NAME <u>Irene Marie Goetz</u>		14. NAME OF HUSBAND OR WIFE <u>June "McCarty" Lampe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-12-1811</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. June Lampe, 6156A. Page, St. L., Mo.</u>		ADDRESS	
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) <u>Due to the positions of truck & car</u> ANTECEDENT CAUSES <u>at actual point of contact and</u> <u>Other evidence given at inquiry the</u> <u>jury does not feel that either vehicle</u> <u>due to (c)</u> II. OTHER SIGNIFICANT CONDITIONS SHOULD BE HELD TOTALLY AT FAULT <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 816/26</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 66, Cuba, Mo.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuba, Benton, Crawford, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/16/1955-4:05 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car and Truck Collision on Hwy 66</u>			
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 <u>4:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul A. Shannahan</u> Coroner		23b. ADDRESS <u>Steelville, Missouri</u>	
23c. DATE SIGNED <u>8/16/1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/16/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county), (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/16/1955</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shannahan</u>	
25. FURNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shannahan</u>		ADDRESS <u>Cuba, Mo.</u>	

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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 *Paul A. Hamilton*.....
Licensed Embalmer No. 24
P. O. Address Cuba, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.