No. 300
10.48

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

FILED FEB 20 1956

XC

Reg. 13990 SL 8766

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6827

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 980

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (in this place) 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Administration Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Eureka 4000
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 326 Burch

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle) L.
c. (Last) Lamar

4. DATE OF DEATH (Month) (Day) (Year) 1-28-56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 12-3-87
9. AGE (In years last birthday) 68 — 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) Self employed owner
10b. KIND OF BUSINESS OR INDUSTRY Tourist cabins
11. BIRTHPLACE (City and State or Foreign Country) Edgar Springs, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John W. Lamar
13b. MOTHER'S MAIDEN NAME Adeline Leech
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS VA Hospital Records, St. Louis, Mo.

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) ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL PNEUMONIA — UNKNOWN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~420~~ + 4200
20. AUTOPSY? YES [X] NO [ ]

O.K. [illegible] 1/31/56

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* 1-27, 1956, *to* 1-28, 1956, ~~and that I last saw the deceased alive on~~, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE R. A. Williams (Degree or title) M. D.
23b. ADDRESS VAH, ST. LOUIS, MISSOURI
23c. DATE SIGNED 1-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-28-56
24c. NAME OF CEMETERY OR CREMATORY Pacific, Mo.
24d. LOCATION (City, town, or county) (State) Pacific, Mo

DATE REC'D BY LOCAL REG. JAN 30 1956
REGISTRAR'S SIGNATURE Karl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Edward Fendler 5611 S Grand

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 436

P. O. Address.....

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