

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28725

FILED SEP 7 1956

State File No.

318

1003

7221

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.									
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. LENGTH OF STAY (In this place) 7 days		c. CITY OR TOWN		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				e. STREET ADDRESS (If rural, give location)											
Missouri Baptist Hospital				9214 Argyle Avenue											
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)			
WALTER			FREDERICK			LAMPING			8			3 56			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
male		white		married		Dec. 3, 1896		59		Months Days		Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY					
Retired - Communication Workers of America				Workers of America				C.I.O. St. Louis, Missouri		USA					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE							
Fred Christian Lamping				Ida Wehking				Pearl E. Bailey (Zink) Lamping							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS			
yes				WW #1				488-03-7149				Pearl F. Lamping - 9214 Argyle Avenue			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)								7 days			
				ANTECEDENT CAUSES											
				*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
				DUE TO (b)											
				DUE TO (c)								10 yrs.			
				II. OTHER SIGNIFICANT CONDITIONS											
				Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
				4201											
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from July 26, 1956, to Aug 3, 1956, that I last saw the deceased alive on Aug 3, 1956 and that death occurred at 1 P. M., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or Title)				23b. ADDRESS				23c. DATE SIGNED							
M. C. Smith				8224 St. Charles Rd. St. Louis 14 Mo				8/4/56							
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)					
removal				8-6-56		Oak Grove Cemetery				St. Louis County, Missouri					
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS			
AUG 6 1956				M. C. Smith				C. R. Lupton & Sons-7233 Delmar Blv'd.,							

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

Hrs 10-12 P.M. Saturday

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 *Clarence H. Murr*.....

Licensed Embalmer No. *4011*.....

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.