

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **37735**
9848

FILED OCT 29 1957

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Desloge Hospital		d. STREET ADDRESS (If outside, give location) 4264a Red Bud Avenue	
3. NAME OF DECEASED (Type or print) First Charles Middle J Last Lampertz		4. DATE OF DEATH Month October Day 20 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance & Real Est	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME John Lampertz		13b. MOTHER'S MAIDEN NAME Clara Schwarz	14. NAME OF HUSBAND OR WIFE Lillian E. Lampertz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-12-1635	17. INFORMANT Address Mrs. Lillian E. Lampertz, 4264a Red Bud A
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis, Cerebral metastases? Cerebral thrombosis or Cerebral metastases malignancy of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ... Malignancy of lung DUE TO (c) 163x			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal pneumonia			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-31-56 , to 10/20/57 and last saw ^{her} him alive on 10/20/57 Death occurred at 12:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. Kleinschmidt (Degree or title) M.D.		22b. ADDRESS 508 N. Grand 508 N. Grand	
22c. DATE SIGNED 10/21/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. OCT 21 57	26. REGISTRAR'S SIGNATURE Earl Smith MD ms

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Cerebral thrombosis
malignancy of lung

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 *Walter G. Burnley*
Licensed Embalmer No. 4202
P.O. Address: *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.