

STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1957

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 262

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If outside, give location) 2640 Highway 40	
3. NAME OF DECEASED (Type or print) Theodore Lammert Sr.		4. DATE OF DEATH Nov. 9, 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 Jun. 8, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Own	9. AGE (In years) 78
11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernard Lammert		13b. MOTHER'S MAIDEN NAME Elizabeth Schulte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Mrs. Elizabeth Lammert, Highway 40	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Rupt. basilar Dis-</u> DUE TO (c) <u>Arteriosclerosis 442x</u>		INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yrs ?	
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at <u>Jan 10, 1955</u> to <u>Nov 9-57</u> <u>12:30 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		20e. CITY, TOWN, OR LOCATION COUNTY STATE	
21a. SIGNATURE <u>J. M. Jackson MD</u> (Degree or title)		22b. ADDRESS <u>1234 N. 1st St. St. Charles, Mo.</u>	
22a. SIGNATURE <u>J. M. Jackson MD</u>		22c. DATE SIGNED <u>Nov 11, 1957</u>	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE Nov. 12, 1957	
23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		23d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
24. FUNERAL DIRECTOR ADDRESS <u>W.C. Dallenbach, St. Charles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 11-57</u>	
26. REGISTRAR'S SIGNATURE <u>Marella Wilson</u>			

REC 12 1957

JUL 18 1958

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 *Frank R. Amalora*

Licensed Embalmer No. *483E*
P. O. Address *St. Charles*

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.