

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020538  
State File No. ....

FILED MAY 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1308

400!

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>5 hrs.</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>		e. STREET ADDRESS <u>26 3130 N. 25th.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Lemp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 13 58</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>6-8-01</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Charlter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>
13a. FATHER'S NAME <u>Carl Lemp</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Mutter</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret</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 # <u>493-63-396</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Lemp</u> ADDRESS <u>3930 N. 25th St</u>
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Massive Cerebro-vascular hemorrhage - stroke? apoplexy</u> ANTECEDENT CAUSES: <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebro-vascular</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Arthritis - sclerotic left ventricular hypertrophy</u>	
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 <u>Dec 1953</u> to <u>May 13, 1958</u> , that I last saw the deceased alive on <u>5/13</u> , 19 <u>58</u> and that death occurred at <u>9:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert G. Donke</u> (Degree or title)		23b. ADDRESS <u>4717 Jennings Rd. (20)</u>	23c. DATE SIGNED <u>5/13/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/6/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
DATE REC'D BY LOCAL REG. <u>5-14-58</u>	REGISTRAR'S SIGNATURE <u>Herbert G. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strosh-Carroll</u> ADDRESS <u>4600 Natural Bridge</u>	

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..... *M W Ruster*

Licensed Embalmer No..... *4365*

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.