Health, & Welfare Public Service

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S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034441
STATE FILE NUMBER

FILED OCT 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9300

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, Missouri. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital DOA Length of stay in 1b 38	d. STREET ADDRESS (If outside, give location) 19a South Boyle Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Lampe, a-k as Last Elizabeth Schwegmann			4. DATE OF DEATH Month September Day 25 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH August 17, 1887	9. AGE (In years last birthday) 71 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) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Aviston, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bernard Lampe	13b. MOTHER'S MAIDEN NAME Mary Overberg	14. NAME OF HUSBAND OR WIFE Nil		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil	16. SOCIAL SECURITY NO. None	17. INFORMANT Ray J. Schwegmann, 19a South Boyle Avenue,	Address	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	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 _____, to _____ and last saw her/him alive on _____. Death occurred at 12:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Capacity)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-29-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Missouri. (State)	
24. FUNERAL DIRECTOR Albert H. Hoppe,	ADDRESS 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. SEP 27 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3575

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.