THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003192

STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 933

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Pagedale 4281 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Alexian Bros. Hosp — Length of stay in 1b 48 Da's	d. STREET ADDRESS (If outside, give location) 6904 Robbins Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: EDWARD Middle: A. Last: LAMMERS			4. DATE OF DEATH Month Day Year: Jan. 24, 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 1 DIVORCED [ ]	8. DATE OF BIRTH: Nov. 3, 1892
9. AGE (In years last birthday): 66	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): Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY: Retail drug store	11. BIRTHPLACE (City and state or country): Quincy, Ill.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John B. Lammers	13b. MOTHER'S MAIDEN NAME: Elizabeth Helfrich	14. NAME OF HUSBAND OR WIFE: Loretta McGarrigle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1	16. SOCIAL SECURITY NO.: 488-26-2398	17. INFORMANT Address: John J. Lammers 1040 Calumet Floriss ant	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Terminal Bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio-vascular Heart Disease — 4 yrs

DUE TO (c) c̄ advanced cerebro-sclerosis + nephrosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 12-18-56, to 1/24/59 and last saw her/him alive on 1/24/59. Death occurred at 10:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S J Crapciak MD	22b. ADDRESS: 1901 Madison St.	22c. DATE SIGNED: 1/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/28/59	23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county): St. Louis (State): Mo.		
24. FUNERAL DIRECTOR: Cullen & Kelly — ADDRESS: 7267 Natural Bridge	25. DATE RECD. BY LOCAL REG.: JAN 27 '59	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 James A. Lamm

Licensed Embalmer No. 414

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.