

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015288
STATE FILE NUMBER
Registration No. **4000**

FILED MAY 6 1959 Registration District No. Primary Registration District No. Registrar No. 4000

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 Pronounced Dead at INSTITUTION City Hospital,		d. STREET ADDRESS 4329 So. Grand Blvd.,	
3. NAME OF DECEASED (Type or print) First Middle Last Herman J. Lamers,			4. DATE OF DEATH Month Day Year April 22, 1959
5. SEX Male. o	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 May 21, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Count Clerk,		10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis,	11. BIRTHPLACE (City and state or country) Starkenburg, Missouri,
13a. FATHER'S NAME William Lamers,		13b. MOTHER'S MAIDEN NAME Amalia Kruse,	14. NAME OF HUSBAND OR WIFE May M. Lamers,
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.	17. INFORMANT Address May M. Lamers, 4329 So. Grand Blvd.,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis & Angina Pectoris			1 year
DUE TO (c) Severely Arterio Sclerosis			4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none 420.2	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. none			
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.) none	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 2 1958 , to Apr 23 1959 and last saw her alive on April 17 1959 Death occurred at 5:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) Thopper Plump MD		22b. ADDRESS 3933d Grand	22c. DATE SIGNED Apr 23 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	23b. DATE 4/25/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri,
24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. APR 23 '59	26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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1-57
8
553.

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec S
St. Louis, 18;

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.