

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-011146

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2124 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH MAR 23 1961

a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS MO Length of stay in 1b _____

c. FULL NAME OF (If NOT in hospital, give location) LUTHERAN Hosp. Inside Limits Yes No

d. STREET ADDRESS 2119^a MIAMI (If outside, give location) Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO b. COUNTY _____

3. NAME OF DECEASED (Type or print) First ELMER Middle VINCENT Last LAMPERT

4. DATE OF DEATH Month MARCH Day 1 Year 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH JAN. 8 1915 9. AGE (last birthday) 46 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN 10b. KIND OF BUSINESS OR INDUSTRY BUSCH Brewery 11. BIRTHPLACE (City and state or country) MO 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME ELMER H. LAMPERT 13b. MOTHER'S MAIDEN NAME NELL MURRAY 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT NELL LAMPERT 2119^a MIAMI Address _____

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhagic Pancreatitis;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fractured ribs; interstitial nephritis;

DUE TO (c) Cirrhosis of Liver.

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

PART III. If deceased was female was there a pregnancy in last 90 days. 904.0-21 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in fall in bathroom.

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 2-26-61

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.) 24 Home 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at _____ 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rahick E Taylor Coroner 22b. ADDRESS +1300 Clark 22c. DATE SIGNED 3-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE MAR. 6 1961 23c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM. 23d. LOCATION (City, town, or county) ST. LOUIS MO (State) _____

24. FUNERAL DIRECTOR Thomas Stutz 2906 Grannis ADDRESS _____ 25. DATE REC'D. BY LOCAL REG. MAR 2 1961 26. REGISTRAR'S SIGNATURE Paul Smith M.D.

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

Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grover

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.