

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008950

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1855**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 28 1963

VS 300
Rev. 4/59

1

2 **40002**

3

4 **0**

5 **2**

6

7 **0**

8 **2**

9

10

11

12 **50-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis		Length of stay in lb 8 Days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Lemay (25)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		d. STREET ADDRESS 219 Southampton (25)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Herman Middle E Last Lammlein		4. DATE OF DEATH Month 2 Day 19 Year 1963		5. SEX Male	
6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-21-1902		9. AGE (last birthday) 60 Yrs		IF UNDER 1 YEAR Months Days Hours Min.		10b. KIND OF BUSINESS OR INDUSTRY Printer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Printer		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Lammlein		13b. MOTHER'S MAIDEN NAME Mary Stocker		14. NAME OF HUSBAND OR WIFE Mabel Lammlein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mabel Lammlein		Address 219 Southampton (25)		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary thrombosis. asthma chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 241X DUE TO (c) Supra ventricular tachycardia.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT WORK <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		21. I attended the deceased from 1960 to death and last saw her/him alive on 19 Feb. 1963 Death occurred at 9 25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John G. Kellest M.D.		22c. DATE SIGNED 2-19-63	
22b. ADDRESS 2314 Telegraph Road.		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-22-1963		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Lemay (25) Mo		23e. DATE RECD. BY LOCAL REG.	
24. FUNERAL DIRECTOR Fendler Und. Co		ADDRESS 7420 Michigan Av (11)		25. DATE RECD. BY LOCAL REG. FEB 20 1963		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

50

Dr. P. Bell

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 *W. B. Peterson*

Licensed Embalmer No. *3767*
P. O. Address *7420 Michigan*

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.