

FILED MAY 15 1940
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3598

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5209 Grace Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 5209 Grace Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LILLIE BMMERT 563

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank J. Bammert 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov. 30, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 19 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 7

11. Industry or business _____ 9

MOTHER FATHER { 12. Name William Warning 9

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Bammert

(b) Address 5209 Grace Ave.

17. (a) Burial (b) Date thereof April 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director D. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) APR 22 1940 (Date received for registration) (b) Signature of Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1940 to April 18 1940
that I last saw her alive on April 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Circulatory Collapse

Due to Influenza

Due to Shronic Myocarditis?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 93

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Hatchmement (M. D. or other) _____

Address 68119 Glavois Date signed 4/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benj C. Danner

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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 this body is not embalmed, above space should be left blank.