

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3069

1. PLACE OF DEATH  
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MISSOURI**  
b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFFERSON BARRACKS, MO.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMIN. HOSPITAL**

d. STREET ADDRESS (If rural, give location)  
**2816a Franklin Ave., St. Louis, Mo.**

3. NAME OF DECEASED  
a. (First) **JAMES** b. (Middle) **E.** c. (Last) **LAMPLY**

DATE OF DEATH  
**8-31-51**

5. SEX  
**MALE**

6. COLOR OR RACE  
**NEGRO**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED  
**SEPARATED**

8. DATE OF BIRTH  
**10-7-90**

9. AGE (In years last birthday) **60**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10b. KIND OF BUSINESS OR INDUSTRY  
\_\_\_\_\_

11. BIRTHPLACE (State or foreign country)  
**MACON, MISSISSIPPI**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**WALTER B. LAMPLY**

13b. MOTHER'S MAIDEN NAME  
**ELLA LAMPLY**

14. NAME OF HUSBAND OR WIFE  
**VINA BROWN?**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WWI**

16. SOCIAL SECURITY NO.  
**UNK**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**VA HOSP. RECORDS, JEFF. B. RKS, MO.**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
*\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **RENAL CELL CARCINOMA WITH METASTASIS FAR ADVANCED**  
II. OTHER SIGNIFICANT CONDITIONS  
*Conditions contributing to the death but not related to the disease or condition causing death.* **180X**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
**VA**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-29-51** to **8-31-51**, 19**51**, and that death occurred at **4:00P** m., from the causes and on the date stated above.

23a. SIGNATURE  
**James W. Bentley M.D.**

23b. ADDRESS  
**VAH, JEFF. B. RKS, MO.**

23c. DATE SIGNED  
**9-1-51**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**9/6/51**

24c. NAME OF CEMETERY OR CREMATORY  
**National Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Jefferson Bks, Missouri**

DATE REC'D BY LOCAL REG.  
**9-7-51**

REGISTRAR'S SIGNATURE  
**Herbert P. Donke**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Chas. J. Gates, 4107 Finney Avenue**

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

4000

OCT 25 1951

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*John R. Cunningham*  
Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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, fact should be so stated above.