

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

791

17054

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. Lutheran Hospital)

File No.....

Registered No.....

St.....

Ward.....

**2. FULL NAME**

Emilie Lohrer

(a) Residence. No. 3937 Lafayette Ave St. 17 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF (OR) WIFE OF

Conrad Lohrer

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sep. 15-18 58

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

68

8

12

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland

**10. NAME OF FATHER**

John Jacob Heminger

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland

**12. MAIDEN NAME OF MOTHER**

Katharine Knecht

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland

**14.**

INFORMANT

(Address)

Conrad Lohrer, Jr.

4710 Arsenal St.

**15.**

FILED

APR 24 1927

FILED

May 6 Starks

REGISTER

**MEDICAL CERTIFICATE OF DEATH**

H

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 27 19 27

**17.**

I HEREBY CERTIFY That I attended deceased from Apr. 28 1927 to May 27 1927 that I last saw alive on May 26 1927 and that death occurred, on the date stated above, at 4 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Septicæmia

1942 B

101

36

**CONTRIBUTORY (SECONDARY)**

Lymphangitis  
from a bruised toe due to heavy falling on the accident

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: 3937 1/2 Lafayette Ave

DID AN OPERATION PRECEDE DEATH: no DATE OF May 2 1927

**19. WAS THERE AN AUTOPSY?**

no

**WHAT TEST CONFIRMED DIAGNOSIS**

clinical & laboratory

(Signed) [Signature] M. D.

, 19 (Address) 320 Lafayette Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Missouri Crematory

May 30 19 27

**20. UNDERTAKER**

**ADDRESS**

Witt Bros Ltd 20 Co 2929 So Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

