

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

Do not use this space.

11111

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **3242**

City.....

(No. **#336**)

Sholozan Ave

St.

Ward.....

2. FULL NAME

(a) Residence. No. **#336**

(Usual place of abode)

Sholozan St., **15**

Ward.....

(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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Feb 27, 1901

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

27

23

8. OCCUPATION OF DECEASED

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

Stenographer

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

Wayner Electric

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis

10. NAME OF FATHER

Fred Lohmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Louise Spengler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St Louis

14.

INFORMANT

(Address)

Fred Lohmeyer
#336 Sholozan Ave

15.

FILED

22 (CITY)

1928
Wm C. Carlberg

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Mar 21 1928

17.

I HEREBY CERTIFY, That I attended deceased from **about March 15**, 19**28**, to **March 21**, 19**28** that I last saw h. or alive on **March 21**, 19**28** and that death occurred, on the date stated above, at **8:15 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis
23A
25

CONTRIBUTORY (SECONDARY)

Tubercular Peritonitis (duration) yrs. **4** mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Sputum**

(Signed) **Paul B. Webb**, M. D.

3/22, 1928 (Address) **10 N Grand 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

Our Redeemer **Mar 24 1928**

20. UNDERTAKER

ADDRESS

Thos Kuttis **2906**
Gravois

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 THIS IS A PERMANENT RECORD

