WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

14983

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3526 Franklin Ave St. ..... Ward)

File No. .....

Registered No. 3895

2. FULL NAME William Lohman

(a) Residence. No. 3526 Franklin St., Ave N 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Sophia Lohman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 19th 1853

7. AGE: Years 74 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): News dealer.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo

PARENTS

10. NAME OF FATHER: Chas. J. A. Lohman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Doris Landgraf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Sophia Lohman
(Address) 3526 Franklin Ave

15. FILED APR -9 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1928, to Apr. 6, 1928, that I last saw him alive on Apr 5th, 1928, and that death occurred, on the date stated above, at 6.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Intussusception (Bowels)

(duration) yrs. mos. 5 ds.

118131

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. M. Ottoby, M. D.

4-7-, 1928, (Address) #820 N. Grand

*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: Oak Grove Cem

DATE OF BURIAL: 4-9 1928

20. UNDERTAKER: C. R. Lupton

ADDRESS: 4449 Olive

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