26 1929
48
172

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

Do not use this space.

27617

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 5854
City Independence (No. [illegible] St. ..... Ward)

File No. .....
Registered No. 298

2. FULL NAME Emil Harrison Lohmeyer
(a) Residence. No. Cottage 30 - Fairmount St. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	4	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) K C Gas Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newport
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Edward F Lohmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newport
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Emilie Wieger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newport
(STATE OR COUNTRY) Kentucky

14. INFORMANT Clara M Lohmeyer
(Address) Cottage 30 Fairmount St

15. FILED 8-2, 1929 J L Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 7/20, 1928, to 8/1, 1929 that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 11:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Tuberculosis (Pulmonary)
Pleuro Empyema Abscess
(duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ....yrs....mos....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/15/29
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Obs
(Signed) A Wilmer, M. D.
8-2, 1929 (Address) 10307 Indep 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
St Louis Mo	8-5 1929
20. UNDERTAKER	**ADDRESS**
E Harrison Son	Indep Mo