

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St., Louis Mo.** (No. **3741** **Hebert St.** St. Ward)

File No. **6934**
 Registered No. **1790**

2. FULL NAME **Leo Lohbeck.**

(a) Residence No. **3741 Hebert St.** St. **10** 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 Carrie Lohbeck.				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/6/1874.				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	10	13	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work Shoemaker.				
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.				
(c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2/19/30** 19
 17. I HEREBY CERTIFY, That I attended deceased from **Feb 12 1930** to **Feb 18 1930** that I last saw him alive on **Feb 17 1930** and that death occurred, on the date stated above, at **7/30** P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
 108 (duration) yrs. mos. **6** ds.
 CONTRIBUTORY (SECONDARY) **10/10** (duration) yrs. mos. ds.

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) **D. A. Thomson**, M. D.
Feb 19 1930 (Address) **3121 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.

PARENTS	9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri.
	10. NAME OF FATHER John H. Lohbeck.
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany. (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Mary Brink.
PARENTS	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri.
	14. INFORMANT Carrie Lohbeck (Address) 3741 Hebert St
15. FILED May C. Starkey 19 1930 REGISTRAR	

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rethania Cemetery.	DATE OF BURIAL 2/27/30 19
20. UNDERTAKER Provost and Co	ADDRESS 3710 N. Grand.

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.

