

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.

MAY 23 1931

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

Do not use this space.

13824

File No. \_\_\_\_\_  
Registered No. 300  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield (No. 814 Normal)

2. FULL NAME Anthony August Lohmeyer

(a) Residence, No. 814 Normal 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Barber

10. Date deceased last worked at this occupation (month and year) Dec 15-30 11. Total time spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME August Lohmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Eonestine Klingenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Nell C Lohmeyer  
7th Smith, Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE April 15 1931

19. UNDERTAKER (ADDRESS) H H Lohmeyer  
Springfield

20. FILED 4-15 1931 W. E. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931, to Apr 13 1931

Last saw him alive on Apr 12 1931. Death is said to have occurred on the date stated above, at 1:15 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic endocarditis  
Edema  
Nephritis  
Other contributory causes of importance: 92a

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury ✓ 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. E. Thompson, M. D.

(Address) Springfield Mo

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