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

Do not use this space.

15566

1123

1. PLACE OF DEATH
County St. Louis
Township CONDELET
City
Registration District No.
Primary Registration District No. 6248 C
(No. Lappington Barracks Rd St. Ward)
File No.
Registered No. 109

2. FULL NAME Fred Lohaus
(a) Residence. No. St., Ward. Jeff. Bks. Mo R.R. #7
(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.

MAY 27 1931

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: 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~~ Caroline Lohaus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1868.

7. AGE: Years 63 | Months 0 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mattese
(STATE OR COUNTRY) Mo. 1

PARENTS
10. NAME OF FATHER Henry Lohaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Von Falge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Caroline Lohaus
(Address) Lapp Bks Rd RR #7 St Louis Mo

FILED May 2, 1931 L. C. Crook M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1930, to Apr 30, 1931, that I last saw him alive on Apr 27, 1931, and that death occurred, on the date stated above, at 2.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 93C
132A not known (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Nephritis (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) Fred Schmidt, M. D.
, 19 (Address) Jefferson Bks Mo

*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: Bell St Johns Mehlville Mo
DATE OF BURIAL: 5/3 1931

20. UNDERTAKER: C. H. Hoffmeister Undt Co
ADDRESS: 1914 S Broadway