

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.

1. PLACE OF DEATH

County

Registration District No. 701
1003

Township

Primary Registration District No.

City St. Louis, Mo.

(No. 910 Lami Street) St. Ward)

File No. 2813

Registered No. 517

2. FULL NAME Rosie Lohmann

(a) Residence, No. 910 Lami Street St. 23 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

Female

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

Martin Lohmann

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

June 19th, 1867

7. AGE

YEARS
64MONTHS
6DAYS
27IF LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housewife 235

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis,
Missouri 1

FATHER

13. NAME

John Raaf

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

Germany 10

MOTHER

15. MAIDEN NAME

Unknown

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

Germany

17. INFORMANT

(ADDRESS)

Martin Lohmann
910 Lami Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthew

DATE Jan. 19, 1932

19. UNDERTAKER

(ADDRESS)

Weick Brothers
2201 S. Grand Boulevard

20. FILED

JAN 16 1932

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Registrar.

MEDICAL CERTIFICATE OF DEATH

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

January 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Sept - 11, 1931, to Jan - 15, 1932

I last saw him alive on Jan - 15, 1932. Death is said

to have occurred on the date stated above, at 10:10 P.M.

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

Carcinoma of Bladder -

Date of onset
4-1-31

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Carcinoma

Was there an autopsy? 24

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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? 24

If so, specify

(Signed)

Charles H. Smith

M. D.

(Address)

37 31 S. Metropolitan Wy.

St. Louis 24

2075
Miss [unclear] [unclear]
8 A.M.