WHITE 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.

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

Do not use this space.

File No. 21557
Registered No. 5350

1. PLACE OF DEATH

County ..... Registration District No. 491
Township ..... Primary Registration District No. [illegible]
City St Louis (No. 4642, Bessie Ave St. ..... Ward)

2. FULL NAME Theo. H. Lohmann

(a) Residence, No. 4642 Bessie ave St., 7 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	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~~ Wilhelmina Lohmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1st 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baggage man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union station
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Herman Lohmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

17. INFORMANT (ADDRESS) Wilhelmina Lohmann 4642 Bessie ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE June 22 1933

19. UNDERTAKER (ADDRESS) Bramschuig Und Co 4740 W. Florissant ave

20. FILED JUN 20 1933 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933 to June 19, 1933.
I last saw him alive on June 18, 1933. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
93D	
97 Myocarditis	6/14/33
82D Acute on Chronic	
93C	
Other contributory causes of importance: Arterial Sclerosis	
Paralysis	1915
0	

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....
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? .....
If so, specify .....
(Signed) [illegible] M. D.
(Address) 2503 No 15th

2505 N 15th

9-10 50 am