

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

Do not use this space.

21757

1. PLACE OF DEATH

County..... Registration District No. 197
Township..... Primary Registration District No. 162
City St. Louis (No. 3457, Winnemago St. Ward)

File No.
Registered No. 5561
St. Ward)

2. FULL NAME

(a) Residence, No. 3457 Winnemago St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 10 - 1859</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>6</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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 occupation

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
	13. NAME <u>Mrs. Lohmann</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Mary Burnace</u> (ADDRESS) <u>3457 Winnemago St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter - Pauls</u> DATE <u>June 26, 1935</u>	
19. UNDERTAKER <u>Waedler - Haeberle U. S. Co</u> (ADDRESS) <u>2331 So. Page</u>	
20. FILED <u>JUN 20 1935</u> 19 <u>77. Bickdeck</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1922, to June 24, 1935.
I last saw h. er alive on June 24, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

131
87A Cerebral Hemorrhage
Arteriosclerosis
97
131
Other contributory causes of importance:

8 Chronic Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? No
If so, specify.....
(Signed) O. P. W. Law, M. D.
(Address) 3115 So 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.

MARGIN RESERVED FOR BINDING

U. S. NO. 2

RECEIVED
FEBRUARY 1964

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a letter or report.]