

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

Do not use this space.

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**1. PLACE OF DEATH**  
 County..... Registration District No. **791**  
 Township..... *St. Louis Mo.* Primary Registration District No. **1003**  
 City..... *St. Louis Mo.* (No. *1003*) ..... *St. Louis Mo.* St. .... Ward)

**2. FULL NAME** *George Lohrum*  
 (a) Residence, No. *2016 1/2 Salisbury St.* *70* Ward.  
 (Usual place of abode) ..... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *64 yrs. 4* mos. *16* 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) *Married*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Emma Lohrum*

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *Sept. 27, 1869*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>64</i>	<i>4</i>	<i>16</i>	

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

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

**10. Date deceased last worked at this occupation (month and year).....** *Unknown* | **11. Total time (years) spent in this occupation.....** *Unknown*

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *St. Louis Missouri*

**MOTHER / FATHER**

<b>13. NAME</b>	<i>Unknown</i>
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	<i>Germany</i>
<b>15. MAIDEN NAME</b>	<i>Unknown</i>
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>	<i>Germany</i>

**17. INFORMANT** *W.F. Wellhouse M.D.*  
 (ADDRESS) *5400 Arsenal St.*

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE *Briedens* DATE *Feb. 15, 1934*

**19. UNDERTAKER** *W. Leidner Hud Co.*  
 (ADDRESS) *1417 N. Market St.*

**20. FILED** *J. Bredeck*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Feb. 12th, 1934*

**22. I HEREBY CERTIFY, That I attended deceased from** *Aug. 1st, 1932, to Feb. 12th, 1934*  
 I last saw him alive on *Feb. 12th, 1934* Death is said to have occurred on the date stated above, at *12:10* p.m.  
 The principal cause of death and related causes of importance were as follows:  
*chronic myocarditis*  
*chronic Endocarditis* *1566 9/11/32*  
*9/11/32*  
*9/30*

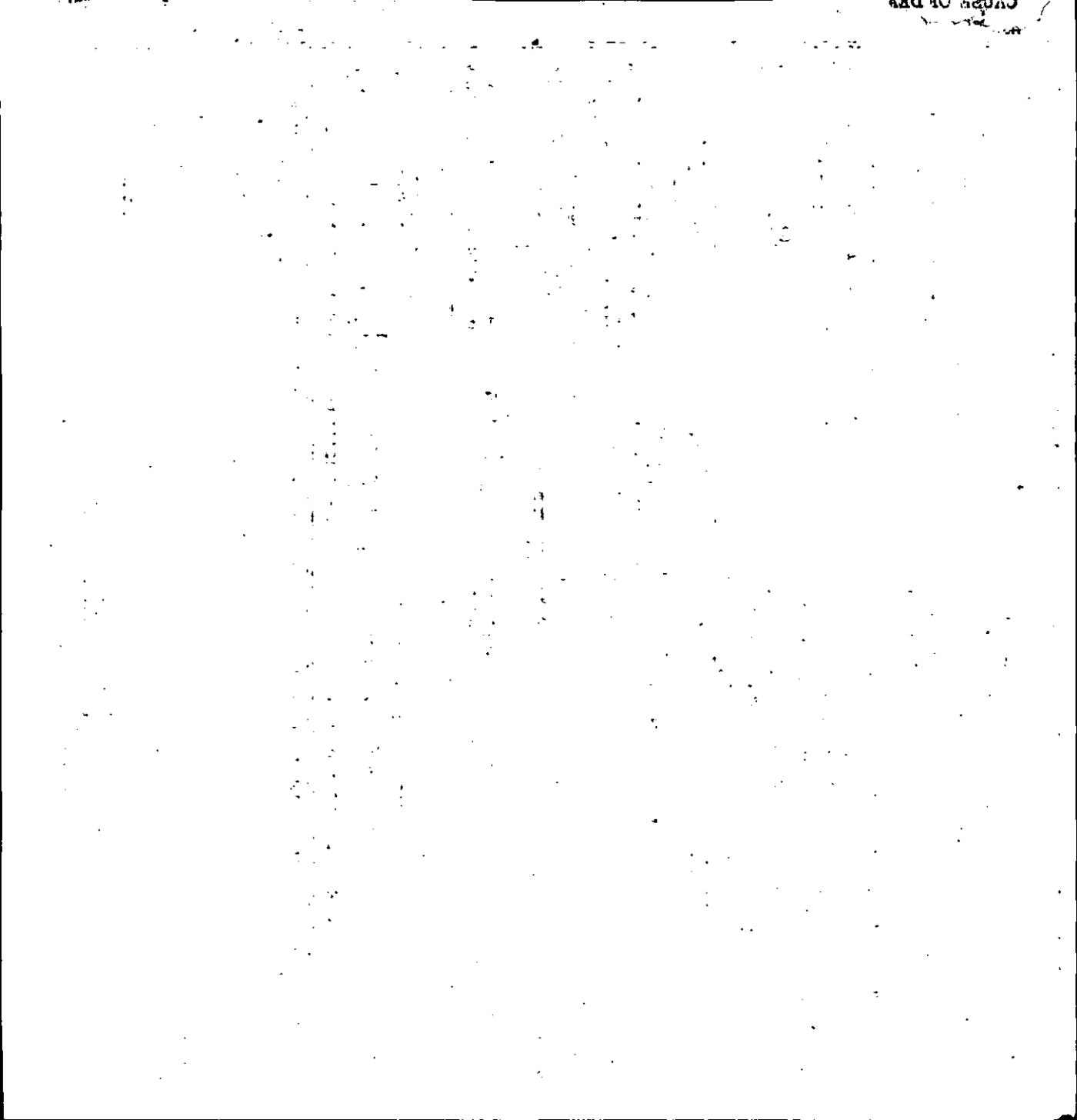
Other contributory causes of importance:  
*Surgical shock following manipulation of hamstring muscles to correct contracture present.*

Name of operation..... Date of *2-12-34*  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

**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) *William F. Wellhouse*, M. D.  
 (Address) *5400 Arsenal St.*



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. ....) St. .... (Ward) .....

File No. ....  
 Registered No. 1574

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

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

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

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1834 19..... J. Beubek Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h..... alive on....., 19..... Death is said to have occurred on the..... stated above, at..... m.

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

*Chronic Myocarditis  
 Chronic Endocarditis  
 Extension due to positional  
 status primarily based  
 on patients' report  
 Other contributory causes of importance:*

*Surgical shock following  
 manipulation of hamstring  
 muscle to correct scoliosis  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....*

23. If death was due to external causes (violence), list 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)....., M. D.  
 (Address).....

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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