

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.

MAR 24 1934

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

Do not use this space.

6845

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **1699**

City **St. Louis**

(No. **Levee & Cherokee St.**)

St. Ward

2. FULL NAME Henry Lohmann

(a) Residence, No. 2629 S. Broadway St. 23 Ward.

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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15th, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64		1	1	

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

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) Summerfield
(STATE OR COUNTRY) Illinois

13. NAME **George Lohmann**

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

15. MAIDEN NAME **Katherine Dahlen**

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

17. INFORMANT Surig Weindel
(ADDRESS) 2629 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 2/19, 1934

19. UNDERTAKER Wagner-Belderte
(ADDRESS) 2334 S. Broadway

20. FILED J. H. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 16th, 1934**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **5.10 P.M.**

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

*Slight wound on left
Breast - self-inflicted*

Date of onset

Other contributory causes of importance:

Suicide

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 *suicide* Date of injury....., 19.....

Where did injury occur? *St. Louis Mo*

Specify whether injury occurred in industry, in home, or in public place.

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) *John J.weeney*

(Address) *St. Louis Mo*

2/19/34

