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

APR 29 1935

Do not use this space.

14306

File No.

Registered No. 3123

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 1019a Lynch Street St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Katherine Lohrum

(a) Residence, No. 1019a Lynch 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8th, 1861

7. AGE: Years 73 | Months 11 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Adam Loos

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

MOTHER

15. MAIDEN NAME Katherine Dahler

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

17. INFORMANT Bertha Peters
(ADDRESS) 6820 Wise Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus DATE April 5 1935

19. UNDERTAKER Weick Brothers
(ADDRESS) 2201 S. Grand Boulevard

20. FILED APR 5 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from about Oct 15 1934, to April 2 1935

I last saw her alive on April 2 1935. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Chronic Interstitial nephritis

Uremia

Date of onset

Other contributory causes of importance:

Carcinoma Prostate

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?

If so, specify

(Signed) [illegible] M. D.

(Address) 3616 Sa[illegible]

Brooklyn - Marcus