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.

AUG 18 1936

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

Do not use this space.

28543

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7308

City St. Louis, Mo. (No. 2519a Salisbury Street St. ..... Ward)

2. FULL NAME William Lodderhose

(a) Residence, No. 2519a Salisbury Street 20 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: 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 Theesa Lodderhose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9th, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ma intance man
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) Germany

FATHER

13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Thersa Lodderhose 2519a Sa lisbury Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE July 17th, 1936

19. UNDERTAKER (ADDRESS) Hy Leidner M. Co. 1417 N. Market St.

20. FILED JUL 16 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to 1 day, 19....
I last saw him alive on July 14, 1936 Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	July 12/1936
Ch. Myocarditis	3/1934

Other contributory causes of importance:

Hypertension	???
Arteriosclerosis	???
Diabetes Mellitus	?? 1934

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? No
If so, specify .....
(Signed) Bernard H. Flotte, M. D.
(Address) 2302 Salisbury St

2302 Salisbury