SEP 15 1936

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

Do not use this space.

32837

791

1003

File No. 8717

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 4336, Tholozan St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Mr. Fred W. Lohmeyer

(a) Residence, No. 4336 Tholozan St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louise Toenges Lohmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	9	20	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing Tile Co.

10. Date deceased last worked at this occupation (month and year) August 19, 1936

11. Total time (years) spent in this occupation 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Hudson, Missouri

FATHER

13. NAME William Lohmeyer

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

MOTHER

15. MAIDEN NAME (unk) Ellerbeck

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

17. INFORMANT (ADDRESS) Mr. Ed. Lohmeyer 4336 Tholozan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Our Redeemer Cemetery DATE 8/24/36, 19

19. UNDERTAKER (ADDRESS) Beiderwieden Funeral Home, Inc. 1936 St. Louis Ave.

20. FILED AUG 22 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from About 7-1-36, 19, to 8/20/36, 19

I last saw him alive on 8/20/36, 19 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

	Date of onset
Cerebral Haemorrhage	8/20/36
Other contributory causes of importance: Cardio-Renal-Vascular Disease	5 yrs ago

Name of operation Date of

What test confirmed diagnosis? 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) Paul B. Webb M.D., M. D.

(Address) St. Louis Mo. 3467 Morganford.

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.

Dr Paul B Webb
3-467 Morgenfeld
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