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

Do not use this space.

B- 13732

1. PLACE OF DEATH MAY 7 1937

County ..... Registration District No. 791 File No. 14069

Township ..... Primary Registration District No. 1003 Registered No. 3565

City St. Louis, Mo. (No. City Hospital #1 ..... St. ..... Ward)

2. FULL NAME William Lohrum

(a) Residence, No. 4327 California St., 15 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 11 1858

7. AGE: 79 YEARS, MONTHS: 0, DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stretcher Carrier
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): City

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): M. Williams City Hosp. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE 4-3 1937

19. UNDERTAKER (ADDRESS): Witt Bros. L & N Co 2929 S. Jefferson Av

20. FILED APR 1 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/22/37, 19, to 3/31/37, 19

I last saw him alive on 3/31/37, 19 Death is said to have occurred on the date stated above, at 6:30 A

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

Cancer of ~~Stomach~~ Pancreas 46 F

Other contributory causes of importance:

Syphilis

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) A. W. Hanss, M. D.

(Address) City Hospital #1