

DEC 20 1937

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

Do not use this space.

40504

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. C. Mo. (No. \_\_\_\_\_)

Registration District No. 399  
Primary Registration District No. 1002  
Menorah Hospital

File No. \_\_\_\_\_  
Registered No. 4899  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME J. Rudolph Lohmann

(a) Residence, No. 3300 Wayne St. \_\_\_\_\_ 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 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 Mrs. Elizabeth Lohmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1861

7. AGE YEARS 62 MONTHS 76 DAYS 4 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd Cabinet

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

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Elizabeth Lohmann  
(ADDRESS) 3300 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Dec. 1, 1937

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED Nov 30 1937 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1937, to 11-29, 1937

I last saw him alive on 11-29, 1937. Death is said to have occurred on the date stated above, at 5 p.m.

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

Bronchopneumonia Date of onset 11-27-37  
Chronic Myocarditis  
Cardiac Decompensation 121 11-20-37

Other contributory causes of importance:

Chronic Arteriosclerotic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Jack W. Coles, M. D.

(Address) 1620 Angyle Bldg

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.

