

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH8891
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 4122 Farlin Ave.
 (e) Length of residence in city or town where death occurred 76 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 791Primary Registration District No. 1003Registered No. 2480

2. PRINT FULL NAME

William C. Lochmoeller, Sr. 254
 (a) Residence, No. 4122 Farlin Ave. St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Augusta H. Lochmoeller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Dairyman
 9. Industry or business in which work was done, as 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) St. Louis Mo.

FATHER 13. NAME Wm. F. Lochmoeller

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

MOTHER 15. MAIDEN NAME Diny Neunkirch

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

17. INFORMANT Mrs. Augusta Lochmoeller
 (ADDRESS) 4122 Farlin Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Mar. 15, 1938

19. FUNERAL DIRECTOR Wm. F. Paschedag
 (ADDRESS) 2825 N. Grand Blvd.

20. FILED

MAR 14 1938

J. B. Bradach
 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1938

22. I HEREBY CERTIFY that I attended deceased from March 12, 1938 to March 12, 1938
 I last saw him alive on March 12, 1938. Death is said

to have occurred on the date stated above, at 2 P.m.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 3/11/38

Other contributory causes of importance:

General arteriosclerosis

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 Henry C. Westerman
 (Signed) _____ M. D.

(Address) 2136 East Grand Blvd.

