REC'D MAY 10 1938

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

2 1

13000
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 3604

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. 5108 Delmar Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William M. Lohse. 200
(a) Residence, No. 5108 Delmar Blvd. St. 12
(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: Ann Lohse.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 6, 1912.

7. AGE: Years 25 | Months 6 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Delivery
9. Industry or business in which work was done, as saw mill, bank, etc.: Driver.
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): Missouri. 0

FATHER
13. NAME: William Lohse. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

MOTHER
15. MAIDEN NAME: Mayme Borden.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

17. INFORMANT (ADDRESS): Mrs. Mayme Aubuchon, 5108 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla DATE: April 19-38

19. FUNERAL DIRECTOR (ADDRESS): Arthur J. Donnelly. 3840 Lindell Blvd.

20. FILED APR 18 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb-22-, 1938, to April-16, 1938
I last saw h. in alive on April-16-, 1938. Death is said to have occurred on the date stated above, at 3:15 A. M.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis — Date of onset 3/15/38
caused by chr. myocarditis

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Other contributory causes of importance:
Pleuritis & Pneumonia Rt. T.B.
acute gastroenteritis, nephritis
caused by chr. L.R. nephritis

Name of operation: Date of:
What test confirmed diagnosis? Lab. 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) J. H. Hale, M. D.
(Address) 4903 Delmar

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2. 50M-7-20-37 1 X12004

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, ...:, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)