REC'D JUN 9 1938

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

16977
Do not use this space.

Registration District No. 781
Primary Registration District No. 1008
Registered No. 4838

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. Deaconess Hospital 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. 10ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Lohmann
(a) Residence, No. St. hR WRIGHT City, Mo.
(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: Olinda Lohmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7/1902.

7. AGE: Years 35 | Months 6 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Apr. 1938.
11. Total time (years) spent in this occupation: 20yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright City Missouri 0

FATHER
13. NAME: Henery Lohmann 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

MOTHER
15. MAIDEN NAME: Louise Schroer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs Lohmann
(ADDRESS): Wright City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wright City, Mo. DATE: 5/26/ 1938

19. FUNERAL DIRECTOR (NAME): Albert H. Hoppe, Inc.
(ADDRESS): 429 N. Euclid, Ave.

20. FILED MAY 25 1938 J. P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24/ 1938.

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 24, 1938
I last saw him alive on May 24, 1938. Death is said to have occurred on the date stated above, at 2:11 p.m.
The principal cause of death and related causes of importance were as follows:

Embolism, pulmonary, left — Date of onset 5/24/38

Other contributory causes of importance:
Appendicitis, acute

Name of operation: Appendectomy Date of: 5/18/38
What test confirmed diagnosis? Autopsy 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) Roland B. Kieffer, M. D.
(Address) 4500 Olive

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed. Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.