

WRITE PLAINLY WITH LEADING INK---THIS IS A PERMANENT RECORD

I X14023

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.

751938
1938

REC'D JUL 7 1938

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

23021
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis
 (b) Township Carondelet
 (c) City.....
 (d) Street No. 906 Weber Rd.
 (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.

Registration District No. 2782
 Primary Registration District No. 906 Weber Rd. Registered No. 1086

2. PRINT FULL NAME Caroline S. Lohaus
 (a) Residence, No. 906 Weber Rd. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Lohaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
82 11 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. unemployed
 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) Mehlville, Mo.

FATHER
 13. NAME Fred. Joern
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT Marie M. Hoppe
 (ADDRESS) 906 Weber Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mehlville, Mo. DATE June 25/38

19. FUNERAL DIRECTOR (NAME) Fendler Und. Co.
 (ADDRESS) 7420 Michigan Ave.

20. FILE JUN 25 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, to June 22, 1938
 I last saw her alive on June 22, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset do not know

Other contributory causes of importance: None

Name of operation..... Date of.....
 What test confirmed diagnosis Chromed. 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? Yes
 If so, specify.....
 (Signed) Oliver J. Lawrence, D.
 (Address) 7406 Michigan

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..... *Harry J. Schumacher*

Licensed Embalmer No. *2679*

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.