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.

REC'D AUG 12 1938

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

23866
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 291
(b) Township ..... Primary Registration District No. ..... Registered No. 6560
(c) City St. Louis, Missouri (d) Street No. City Sanitarium 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Lochner 251
(a) Residence, No. 2953 Sheridan Ave. St. 21
(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 Female
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 Herman Lochner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1860

7. AGE YEARS 78 MONTHS 5 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) About 1910
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

FATHER
13. NAME Unknown 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland 5

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

17. INFORMANT (ADDRESS) R.J. R.J. Mueller, M.D. 5400m Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE July 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kraeger-Voss-Fix 3402 N. Kingshighway Blvd.

20. FILED ..... 19 ..... J. F. Bredeck Local Registrar.
JUL 22 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19..., to 7-21-38, 19...
I last saw her alive on 7-21-38, 19... Death is said to have occurred on the date stated above, at 8:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic-Hypertension 7-21-38	
Parotiditis, supperative 7-21-38 (not in imps)	
Lobar-pneumonia 7-22-38 no	

Other contributory causes of importance:
Arteriosclerosis, generalized 7-21-38x
Tumor of Adrenal 7-22-38 } non-
Tumos of Brain 7-22-38 } malignant

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? .....
If so, specify .....
(Signed) R J Mueller, M. D.
(Address) 5400 Arsenal St

Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.