

APR 12 1939

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

8655
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **2420**
(c) City St. Louis, Mo. (d) Street No. Lutheran 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Theodore Lochhaas

(a) Residence, No. 2630 Missouri Avenue St. 23
(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 Rose Schoch Lochhaas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telegrapher
9. Industry or business in which work was done, as saw mill, bank, etc. Western Union
10. Date deceased last worked at this occupation (month and year) June 22, 1938 11. Total time (years) spent in this occupation. 26 yrs.

12. BIRTHPLACE (CITY OR TOWN) Des Peres,
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Lochhaas

14. BIRTHPLACE (CITY OR TOWN) Des Peres,
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Maria Schoettle

16. BIRTHPLACE (CITY OR TOWN) Pleasant Ridge,
(STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Rose Lochhaas
(ADDRESS) 2630 Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Cem. Des Peres, Mo. DATE March 15, 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED MAR 14 1939 J. P. Beiderwieden
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1939

I HEREBY CERTIFY, That I attended deceased from June, 1938, to March 12, 1939

I last saw him alive on March 12, 1939 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic Date of onset June 59
Cardiac failure

Other contributory causes of importance: 93C

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? no
If so, specify _____
(Signed) Wm S Kuyper, M. D.
(Address) 905 S Kuyper

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.

Dr. Wm B. K...
Barnes Hospital

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,

Theo. W. Biederwieser

, or by

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

Signed *Theo. W. Biederwieser*

Licensed Embalmer No. *506*

P. O. Address *St Louis, Mo.*

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.