

S. No. 2
11-10-39
v. 5-17-39
I X21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8610
State File No. _____
Registrar's No. 2093

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7044 Plateau Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Georgina Lochbihler
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 1st
year 1940 hour 1940 minute A.M. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife William T. Lochbihler
(c) Age of husband or wife if alive 29 years
7. Birth date of deceased April 19 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1939, to March 1940
that I last saw her alive on 2-29 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
20 10 11 hr. _____ min.

Immediate cause of death Subacute Glom. Nephritis 9 mo.
not caused by chr. nephritis
pregnant but not caused by pregnant condition 3 mo.
Due to _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

Other conditions no
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Dennis Grimes
18. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Sachet
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations 132
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William T. Lochbihler
(b) Address 7044 Plateau Ave.
17. (a) Burial (b) Date thereof 3-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway
19. (a) MAR 1 1940 (b) J. P. [Signature]
(Date received local registrar) (Embalmer's signature)

23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Blvd. Date signed 3/1/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Hammond

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 *Reinhold A. Lehmann*

Licensed Embalmer No. 3395

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.