

No. 2
-13-40
-17-39
X23159

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH: -----
 (a) County. St. Louis
 (b) City or town. St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 3 days
 In this community. Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County -----
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1910 Mallinkrodt St. 26
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Clara Lorbert
 3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fred Lorbert (deceased) 6. (c) Age of husband or wife if alive years 14 1889
 7. Birth date of deceased Dec. 14 (Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business At Home

12. Name John Lochmann

13. Birthplace Collinsville, Ill Illinois (City, town, or county) (State or foreign country)

14. Maiden name Louise Frick

15. Birthplace Collinsville Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Elmyra Lorbert

(b) Address 1910 Mallinkrodt

17. (a) Burial (b) Date thereof Dec. 18, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlahem Cemetery

18. (a) Signature of funeral director. Gunderweden Funeral Home

(b) Address 1236 St. Louis Ave.

19. (a) DEC 18 1940 (b) J. F. Bredbeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec 15 1940 year 1940 hour 330 minute 9 M.
 21. I hereby certify that I attended the deceased from Dec 11-4 1940 to Dec 15, 1940 that I last saw her alive on Dec 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac decomp. w/ Valvular disease
 Due to Chronic cardiac glen
 Due to Cerebral emboli
 Other conditions. (Include pregnancy within 3 months of death)
 Major findings: Of operations. Of autopsy. none
 Duration wh
 PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (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?

(Specify type of place) While at work? (e) Means of injury

23. Signature Wm B Kamm (M.D. or other) Address 4500 Olive Date signed Dec 16

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

MOTHER FATHER

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.....

Harold Brown

Registered Apprentice No. *257*

working under my personal supervision.

Signed.....

Harold Brown
Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.