

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41073**  
Registrar's No. **10844**

Registration District No. **791** Primary Registration District No. **1003**

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

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:  
**8013 Virginia ave. Rear**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
**Life** (Specify whether  
In this community \_\_\_\_\_  
years, months or days) **2**

8. (a) PRINT FULL NAME **Henry Lohse**

8. (b) If veteran, name war **None** 8. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **August 21 1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 4 9** hr. min.

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

10. Usual occupation **None**

11. Industry or business **6**

12. Name **Henry Lohse**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Madole**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsie Booth**

(b) Address **9980 S. Broadway**

17. (a) **Burial** (b) Date thereof **Jan. 2 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister W-Z Co.**

(b) Address **7814 S. Broadway**

19. (a) **DEC 31 1940** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

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. **8013 Virginia ave. Rear**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **30**  
year **1940** hour **1.** minute **45p.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of right upper arm; Arterio-sclerosis suffered when he slipped and fell while going to his home at Nov 25, 1940**  
Due to \_\_\_\_\_  
Due to **about 6:30 A.M.**

Other conditions **Accident**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **166**  
Of autopsy **18**  
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, ~~murder~~ or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence **11-25-40**  
(c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Manner of injury **5**  
23. Signature **W. J. ...** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **12/31/40**

**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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

**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.**