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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12677
State File No. 12677
3107
Registrar's No.

791

1003

Registration District No. 791 Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis, Missouri
(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

3. (a) PRINT FULL NAME Melvin E. Lohman

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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 5, 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Theodore Lohman

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

14. Maiden name Lillie Reifeiss

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

16. (a) Informant Theodore Lohman

(b) Address 5408 Grace Ave.

17. (a) Burial (b) Date thereof 4-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

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

(b) Address 6322 Grand Blvd

19. (a) APR - 9 1941 (b) L.H. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 Grace Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1941 hour 4 minute 05 a.m.

21. I hereby certify that I attended the deceased from _____, 1938, to 4-6-41, 1941;

that I last saw him alive on _____, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Crossopharyngoma (Alzheim)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Cholelith

Of autopsy Yes

Duration

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) _____

(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? _____

While at work _____ (Specify type of place) _____ Means of injury _____

23. Signature W. M. Keenan (M. D. or other) _____

Address Med. Care Bldg. Date signed _____

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

Dr. R. Klemme

4962 Maryland Fo. 0673 (office)
320 N. Union (Res) Fo. 7384

12:30 today or tomorrow

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.....

.....
Licensed Embalmer No. 4018

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, fact should be so stated above.