

No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20162  
State File No. \_\_\_\_\_  
Registrar's No. **4974**

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:  
4301 DeSoto Ave /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether  
Birth)  
In this community Birth  
years, months or days)

3. (a) PRINT FULL NAME Martha C. Lolbach

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

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

6. (b) Name of husband or wife Ferdinand Lolbach 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased February 17, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 3 28 hr. min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Thomas Rodgers

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

14. Maiden name Anna Parker

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

16. (a) Informant Mrs Anna Furer

(b) Address 4301 DeSoto Ave

17. (a) Burial (b) Date thereof 6/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 17 1941 (b) J. F. Bredeh  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00.0  
(c) City or town St. Louis 91  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4301 DeSoto Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th  
year 1941 hour 4:15 PM minute 5 M.

21. I hereby certify that I attended the deceased from Jan 1st 1941  
Jan 15 to June 10th 1941  
that I last saw her alive on June 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Myocarditis chronic  
Due to senile debility

Due to \_\_\_\_\_

Other conditions none 92A  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature L. H. Wilson (M. D. or other) 0

Address 4362 W. name ave Date signed 6-16-41

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

17  
19

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**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.....

*George Hampton*

Licensed Embalmer No. ....

*2967*

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.**