No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28762 76

Registration District No. 492 Primary Registration District No. 56 S-2 A Registrar's No.

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

057 0 0

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Winfield Monroe Tp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 year /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4336 Tholozan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Martha Evelyn Lohmeyer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edgar J. Lohmeyer
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Sept. (Month) 13 (Day) 1909 (Year)

8. AGE:	Years	Months	Days	If less than one day
	31	11	14	hr. min.

9. Birthplace Winfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Claud Dixon
13. Birthplace Lincoln County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Sarah Bell
15. Birthplace Lincoln County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Edgar J. Lohmeyer
(b) Address 4336 Tholozan — St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Winfield Missouri
18. (a) Signature of funeral director Gaslan Ricks
(b) Address Winfield, Mo.
19. (a) 8/31/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1941 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 8, 1941, to Aug 30, 1941; that I last saw her alive on Aug 29, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Epilepsy	
Due to	
Due to 85	
Other conditions (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 [signature] (M. D. or other) MD
Address [illegible] Date signed 8/31/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1941

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 O. Garlan Ricks

Licensed Embalmer No. 4012

P. O. Address Winfield, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.