S. No. 2
—4-13-40
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 4291

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8887

Registrar's No. 2373

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 6039 Carlsbad Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 2 020 17 9

(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 6039 Carlsbad Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Beatrice Lohmueller,

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Charles E. Lohmueller

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January (Month) 31, (Day) 1889 (Year)

8. AGE: Years 53 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Charles Riley

13. Birthplace Unknown (City, town, or county) England. 4 (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Charles E. Lohmueller

(b) Address 6039 Carlsbad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park Cem.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address 6403 Gravois Ave.

19. (a) MAR 16 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th, year 1942. hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from Mar 31 1939, 19, to Mar 12, 1942; that I last saw her alive on Mar 12, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 days
Due to Obstruction of both ureters	5 days
Due to Carcinoma of cervix	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations NX
Of autopsy NO

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury

23. Signature Henry F. Nugent (M. D. or other) M.D.

Address 508 N. Grand Date signed 3/13/42

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Grano

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.