

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
(c) City or town Percy
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George Henry Lohrding

3. (b) If veteran, name war _____

3. (c) Social Security No. Unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Henrietta

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

7. Birth date of deceased Sept.
(Month)

25
(Day) 1875
(Year)

8. AGE:

Years

Months

Days

If less than one day

66

6

20

hr.

min.

9. Birthplace Bremen

(City, town, or county)

Ill.

(State or foreign country)

10. Usual occupation Carpenter

C

11. Industry or business _____

MOTHER FATHER

12. Name William Lohrding

13. Birthplace Bremen

(City, town, or county)

Ill.

(State or foreign country)

14. Maiden name Mary Thias

15. Birthplace Unknown

(City, town, or county)

Ill.

(State or foreign country)

16. (a) Informant Henrietta Lohrding

(b) Address Percy Ill.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 4/17/42

(Month) (Day) (Year)

(c) Place: burial or cremation Bremen Ill.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 15 1942

(Date received local registrar)

(b) J. T. Bradley

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 14, 1942, to April 15, 1942
that I last saw him alive on April 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Heart failure

Due to

Post-operative peritonitis

Due to

perforation jejunum

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma

Stomach

Of autopsy Cholelithiasis

peritonitis

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)
(e) Means of injury _____

23. Signature J. T. Bradley (M. D. another) _____

Address BARNES HOSPITAL Date signed _____

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

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.....

Ray W Wilkinon

Licensed Embalmer No..... 3575

P. O. Address.....

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.