2416
. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16384 4901

Registration District No. 791 Primary Registration District No. 1003 Registrar's 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: 0
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4160 Oleatha
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Lohman
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. D
5. Color or race W.
6. (a) Single, widowed, married, divorced 3 DIVORCED
6. (b) Name of husband or wife HULDA FRENZ
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JUNE (Month) 12 (Day) 1878 (Year)

8. AGE: Years 63 Months 11 Days 19 If less than one day hr. min.

9. Birthplace St. LOUIS (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation UNEMPLOYED
11. Industry or business —
FATHER 12. Name FREDERICK. LOHMAN
13. Birthplace GERMANY. 4 (City, town or county) (State or foreign country)
MOTHER 14. Maiden name DORIS FRANK
15. Birthplace GERMANY. 4 (City, town, or county) (State or foreign country)
16. (a) Informant Aug. Lohman
(b) Address 4160 Oleatha
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak St. Peter's Cem
18. (a) Signature of funeral director Bernhardt Funeral Home
(b) Address 1936 St. Louis Av.
19. (a) JUN 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1. year 1942 hour 6:15 minute P. M.
21. I hereby certify that I attended the deceased from May 30. 1942 to June 1. 1942 that I last saw him alive on June 1. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to
Due to
Other conditions Cutemendlemis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy alive

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

23. Signature (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 6/3/42

(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 Howard R. Rowland

Licensed Embalmer No. 3114

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.