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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22284

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1381

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Bonhomme Twp. Rural
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Valley Park R.R.#1 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louis Lochhaas

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Augusta Lochhaas

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

7. Birth date of deceased May (Month) 19 (Day) 1862 (Year)

8. AGE: Years 80 Months 1 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace St Louis County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Johan Lochhaas
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Christiana Mueller
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Amy C. Litzsinger
(b) Address R.R.#1 Valley Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-1942 (Month) (Day) (Year)
(c) Place: burial or cremation St Pauls Church Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) JUN 27 1942 (Date received local registrar) (b) C. G. McGuire Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1942, to June 25, 1942; that I last saw him alive on June 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral arteriosclerosis

Due to prostatic Hypertrophy Senility

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8301

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 Henry Scott (M. D. or other) M.D.
Address Ballwin Mo Date signed 6/26/42

(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 Louis H Papp, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis H Papp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.