

FILED NOV 30 1942

1003

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 9633

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location) 122 Hour
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edwin Louis Lochmoeller

3. (b) If veteran, name war Yes 3. (c) Social Security No. 329-10-2665

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evelyn C. Lochmoeller 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. 21, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Manager

11. Industry or business Wiles Chipman Lumber Co.

MOTHER FATHER
12. Name Wm. C. Lochmoeller
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Roenfeld
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn C. Lochmoeller
(b) Address 4453 Floris Place

17. (a) Burial (b) Date thereof Nov. 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery.

18. (a) Signature of funeral director Wm. H. Paschdag
(b) Address 2825 N. Grand Blvd.

19. (a) NOV 19 1942 (b) J. F. Brink
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4453 Floris Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1942 hour 7 minute 53P. M.

21. I hereby certify that I attended the deceased from Oct 9, 1942 to Nov 16, 1942
that I last saw him alive on Nov 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 80 min

Due to Essential Hypertension 1910

Due to Indeterminate 180

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None done

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 _____

(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) (Means of injury)

23. Signature Alleya Perkins (M. D. or other) M.D.
Address 2301 N. Kingshighway Date signed 11/19 1942

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

Isj W Wilkinson

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.