DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4477

FILED FEB 18 1943

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 1290

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: 4426 Miami St. 1
(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 Mo. (b) County 006 12 915

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

(d) Street No. 4426 Miami St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Lohmueller

3. (b) If veteran, name war None

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 Adolph Lohmueller

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb. (Month) 26th (Day) 1867 (Year)

8. AGE: Years 75 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Adolph Koelbel

13. Birthplace (City, town, or county) Germany (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Adolph Lohmueller

(b) Address 4426 Miami St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Broadway

19. (a) FEB 9 1943 (Date received local registrar) (b) J. F. Poredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1943 hour 6:50 minute A M.

21. I hereby certify that I attended the deceased from July 7, 1938, to Feb 5, 1943, that I last saw him alive on Feb 5, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Uremic nephrosis	
Senile dementia complete	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 H. H. Schorster M.D. (M. D. or other)

Address 5401 Gravois Date signed 2-8-43

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. G. H. Schaetker
5401 Granada 1-3

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 Richard W. Storeson

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.