S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12445

State File No.

ED MAY 14 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4255

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution three weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County

(c) City or town St. Louis 97
(If outside city or town limits, write "RURAL")

(d) Street No. 5516 Emerson Avenue
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Jacon A. Lohse

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Clara (Menckel) Lohse

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 5 (Day) 1877 (Year)

8. AGE: Years 66 | Months 0 | Days 1 | If less than one day hr. min.

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

10. Usual occupation Police Officer

11. Industry or business City of St. Louis

FATHER
12. Name Charles J. Lohse
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant Mrs. Clara A. Lohse
(b) Address 5516 Emerson Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 10 (Day) '43 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) MAY 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1943 hour 10 minute — a M.

21. I hereby certify that I attended the deceased from Oct 1, 1941, to May 6, 1943 that I last saw him alive on May 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma of Larynx	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Larynx Laryngectomy apr 16-'43	
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 0

23. Signature Eugene J. O'Malley (M. D. or other)

Address 634 N. Grand Date signed 5-7-43

(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.....

Licensed Embalmer No. 2971

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.