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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15451

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1112

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2226 University St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME William Lohaus

3. (b) If veteran, name war No
3. (c) Social Security No. 488-10-1031

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes Mc.Carty
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased August (Month) 13 (Day) 1869 (Year)

8. AGE: Years 73 Months 8 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Sewing Machine Operator
11. Industry or business Leather Goods Ely Walker

FATHER
12. Name Joseph Lohaus
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christine Steinkamp
15. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Agnes Lohaus
(b) Address 2226 University St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (Month) (Day) (Year)
(c) Place; burial or cremation Pittsfield Illinois
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) MAY 11 1943 (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5/1/43, 19..., to 5/8/43, 19...; that I last saw him alive on 5/8/43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute intestinal obstruction	2 days
Due to Carcinoma of the sigmoid.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Intestinal obstruction due to Carcinoma of sigmoid
Of autopsy 4 [illegible]

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 Darren G. Marston (M. D. or other)
Address 1607 N Grand Date signed 5/10/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

Warren G. Marsden
University Club Bldg.

AUG 17 1943

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 Fred Frick

Licensed Embalmer No. 3186

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.