No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 9201

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2763

**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: 2523a Salisbury St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 48 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000 17 9 20

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

(d) Street No. 2523a Salisbury St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William C. Lodderhose

3. (b) If veteran, name war none

3. (c) Social Security No. 491-16-8502

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Laura Lodderhose

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 19 (Day) 1895 (Year)

8. AGE: Years 48 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Chuffeur

11. Industry or business Hyde Park Brewery

FATHER
12. Name William C. Lodderhose
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant Mrs. Laura Hodderhose
(b) Address 2523a Salisbury St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 23 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 21st year 1944 hour 2:17 PM minute M.

21. I hereby certify that I attended the deceased from Aug. 17, 1943 to March 21, 1944 that I last saw him alive on March 21, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx with metastases to lymph-glands in mediastinum and neck. — Duration 6 mo. +

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 O. E. Lippel (M. D. or other) M.D.
Address 4222 Nelson Date signed 3-22-44

(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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 S. Lincoln Ave.

**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.**