S. No. 2
M—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 MAY 20 1944

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 19115

Registrar's No. 1124

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: St. Johns (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2854 Endicott (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: Missouri (b) County: St. Louis

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

(d) Street No.: 2854 Endicott (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Phillipp N. Lore

3. (b) If veteran, name war: None

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mary Lore

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Nov. (Month) 9 (Day) 1872 (Year)

8. AGE: Years 71 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Washington County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Public Service-Line Dept.

11. Industry or business: ____

FATHER

12. Name: Peter August Lore

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

MOTHER

14. Maiden name: Unknown Fouhee

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

16. (a) Informant: Helen Lore

(b) Address: 2854 Endicott

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Lebanon Cemetery

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) MAY 17 1944 (Date received local registrar) (b) E. D. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15 day 15 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1944, to May 15, 1944 that I last saw him alive on May 14, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	3 days
Due to: Cerebral Hemorrhage	15 days
Due to: Hypertension for years	
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): 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) (e) Means of injury: —

23. Signature: Roy A. Walther (M. D.)

Address: 2438 Woodson Rd. Date signed: 4-13-44

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(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.