

FILED NOV 2 1944  
Registration District No. ....

Primary Registration District No. .... 100

Registrar's No. .... 1061

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)  
In this community 67 years 5 months 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 East Highland Avenue. 7  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Ida Henretta Marie Lodholz  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th.  
year 1944 hour 8 minute 50 p. M.

4. Sex Female 1  
5. Color or race White  
6. (a) Single, widowed, married, divorced, widow 2  
(b) Name of husband or wife Charles J. Lodholz  
(c) Age of husband or wife if alive 20 years  
7. Birth date of deceased April 21 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 14 1944 to Oct. 6 1944.  
that I last saw her alive on Oct. 16 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	67	5	26	hr. min.

Immediate cause of death  
Brief description of death  
2 wks.

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

Due to ~~Streptococcus~~  
Due to

10. Usual occupation Household

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 115

12. Name John Karrasch

PHYSICIAN Underline the cause to which death should be charged statistically.

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Cornell

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

16. (a) Informant Miss Rose Lodholz 1  
(b) Address 121 E. Highland Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/18/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 13th. & Faraon, St. Joseph, Missouri

19. (a) 10-18-44 (b) Helen J. Pugh  
(Date received local registrar) (Registrar's signature)

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 W. M. Zuehlhaber (M. D. or other)

Address Kirkpatrick Bldg. Date signed 10/18/44

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

**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..... *Elbert C. Harrington*  
Licensed Embalmer No. 3258 Missouri.  
P. O. Address St. Joseph, Missouri.

**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.**