

FILED JUL 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 43

1. PLACE OF DEATH

(a) County Perry
(b) City or town Perryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1002 W. St. Joseph St. /
(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

3. (a) PRINT FULL NAME Anthony Lohmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-14-4139

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Moore 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 9, 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Saw Mill Worker

11. Industry or business _____

MOTHER FATHER
12. Name Theodore Lohmann
13. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Antonia Jamer
15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Lohmann

(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 5-13-1946
(Burial, cremation, or other) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Bay Funeral Home

(b) Address Perryville, Mo.

19. (a) 5-11-46 (b) Joe J. Zellmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry
(c) City or town Perryville
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 W. St. Joseph St. /
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1946 hour 5:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Apr 10 1946 to May 9 1946
that I last saw him alive on May 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 6 mo.

Due to Arteriosclerosis 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 458

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? _____

While at work _____ (Specify type of place) (e) Means of injury 1

23. Signature J. O. Carr (M. D. or other) _____
Address Perryville Mo Date signed 5-11-46

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

RECEIVED

District Health Officer No. 4
District File Number 146-2370
Date Filed 7-10-46

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..... *Albert Bey*.....
Licensed Embalmer No..... 3866.....
P. O. Address Perryville, 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.