

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED JUL 7 1947  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. JOHNS HOSPITAL  
(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)

3. (a) PRINT FULL NAME HELENA S. LOHMANN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race W

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

6. (b) Name of husband or wife ANTHONY LOHMANN

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

7. Birth date of deceased OCTOBER 5 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 8 17 hr. min.

9. Birthplace SHAWNEE TOWN ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

MOTHER FATHER

12. Name LAMBERT ELSASSER

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

14. Maiden name HENRIETTA GREY

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

16. (a) Informant Eva H. Lohmann

(b) Address 1720 California Av

17. (a) BURIAL (b) Date thereof JUNE 25 47  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem

18. (a) Signature of funeral director E. J. Schuer

(b) Address 3125 Lafayette Av

19. (a) JUN 24 1947 (b) J. F. Breda  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1720 CALIFORNIA AV.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22  
year 1947 hour 11 minute 10A M.

21. I hereby certify that I attended the deceased from 5-1-47 19, to 6-22-47 19;  
that I last saw h. alive on 6-22-47 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration 24 hrs

Due to fracture of hip

Due to Phlebitis of leg 1 wk.

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) Accident OTU

(b) Date of occurrence 5/1/1947

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

See above

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury Fall

23. Signature E. H. Bowdler (M. D. number) 320

Address 634 N. Grand Date signed 6-23-47

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

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**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.....

*Jon Bollmer*

Licensed Embalmer No. *4614*

P. O. Address *3125 Sufuysen*

**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.**