No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2784 287

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: 4642 Bessie Avenue /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4642 Bessie Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME Wilhelmina Lohmann

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September 7, 1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	2	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation House Work
11. Industry or business

FATHER
12. Name Herman Fechtel 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Irene Lohmann
(b) Address 4642 Bessie Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bromschwig and Son Funeral Home
(b) Address 4746 W. Florissant Ave.
19. (a) JAN 10 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1948 hour 5 minute 10 a.m.
21. I hereby certify that I attended the deceased from Dec 31/48, 19 to Jan 9, 1948
that I last saw her alive on Jan 8, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. Chr. — Duration 1 yr.
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death) 93
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 0
23. Signature J. O. Peeler (M. D. ~~or other~~)
Address 2505 N. Florissant Date signed 1-9-48

(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.....3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.