

No. 300
-10-47
5-17-39
-1 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

10412
State File No. _____
Registrar's No. 2829

Registration District No. 318

Primary Registration District No. _____

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

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:
Luthera Altenheim 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years
(Specify whether years, months or days)

In this community 6 Years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Catherine Louise Lohr

3: (b) If veteran, name war _____

3: (c) Social Security No. "None"

4. Sex Female 5. Color or race White

6: (a) Single, widowed, married, divorced Widowed

6: (b) Name of husband or wife Rev. Paul Charles Lohr

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

7. Birth date of deceased November 28 1867
(Month) (Day) (Year)

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

80	3	23	_____ hr. _____ min.
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9. Birthplace New Melle Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____

12. Name Ernest Meier

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Louise Unknown

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16: (a) Informant Luthera Altenheim

(b) Address 8721 Halls Ferry Road

17: (c) Burial (Burial, cremation, or removal) (b) Date thereof 3 24 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Western Luthern Cemetery
Beiderwieden Funeral Home Inc.

18: (a) Signature of funeral director _____

(b) Address 1936 St. Louis Avenue

19: (a) MAR 23 1948 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17

(d) Street 8721 Halls Ferry Road 9
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 7:25 minute P M.

21. I hereby certify that I attended the deceased from 3/21 1948 to 3/21 1948
that I last saw her alive on 3/21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 6 hrs.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) MD.
Address 4222 N. Grand Date signed 3/23/48

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 Walter Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.