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

#67321
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24485

FILED AUG 6 1948

318

1003

State File No.

Registrar's No.

6519

1. PLACE OF DEATH:

(a) County St. Louis, Missouri. 6
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3841 Indiana
Memorial (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM LOHRER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	-0-	16	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business _____

12. Name Charles Lohrer 4

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

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Lohrer

(b) Address 3841 Indiana Ave.

17. (c) Burial (b) Date thereof 7/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) JUL 23 1948 (b) J. A. Bredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1948 hour 6 minute 25 AM.

21. I hereby certify that I attended the deceased from 7/6/48 1948, to July 22nd 1948
that I last saw h. im alive on July 22nd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Rt. ventricle - acute Aneurysm Duration 16 days

Due to Arteriosclerosis & Hypertension

Due to SBP
Other conditions Pneumonia - Bronchial
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Same
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 M.O.

23. Signature 1515 Lafayette 7/22/48 other _____
Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side) (W.M. LANDAU)

JUL 23 1946

Emb separate Cert filed

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.....

P. O. Address.....

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.