No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31205

State File No.

FILED SEP 24 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8074

WRITE PLAINLY—USING 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: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6546 Scanlan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 3
If yes, name country

3. (a) PRINT FULL NAME ADDIE T. LOHMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Edward P. Lohman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30 (Day) 1881 (Year)

8. AGE: Years 67 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Carbondale (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Oscar Spence
13. Birthplace Jonesboro (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Rilda Holson
15. Birthplace Preston (City, town, or county) Illinois (State or foreign country)
16. (a) Informant William Held
(b) Address 5716 Chippewa
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa
19. (a) SEP 14 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1948 hour 11 minute 28 P.M.

21. I hereby certify that I attended the deceased from 2-5- 1948 to 9:13 1948;
that I last saw her alive on 9/13/48. 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Aortic aneurysm — Duration Years
Chr. myocarditis — Yes
Due to Lues — Yes
Chr. nephritis — Yes
Due to 30 Y

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature C. T. Quakatel (M. D. or other) Sd.
Address 5203 Chippewa Date signed 9/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. H. Bindbutel
5203 Chippewa St.

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.