

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2955

State File No.

FILED FEB 2 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **836**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis II,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 5800 South Compton	
3. NAME OF DECEASED a. (First) Melvin b. (Middle) G. c. (Last) Lohaus			4. DATE OF DEATH (Month) (Day) (Year) January 28, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1914
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR 9 Months 16 Days	IF UNDER 4 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instructor		10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry H. Lohaus	
13b. MOTHER'S MAIDEN NAME Anna Haas		14. NAME OF HUSBAND OR WIFE Myrtle Lohaus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Myrtle Lohaus 5800 S. Compton City			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchocarcinoma of both lungs with Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cardiac Decompensation	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/13, 1949 , to 1/27, 1949 , that I last saw the deceased alive on 1/27, 1949 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. G. Grimes M.D.		23b. ADDRESS 5521 S. Parkway	
23c. DATE SIGNED 1/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 31, '49	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		24d. LOCATION (City, town, or county) (State) 7801 Genesta Affton 23, Mo.	
DATE REC'D BY LOCAL REG. JAN 28 1949		REGISTRAR'S SIGNATURE J. B. Lester	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		ADDRESS U&L Co. 7814 S. Bdwy	

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

Doctor Joseph A. Greneto
5521 South Broadway
IO 1911
I 111 3
7 111 8

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Linus C. Hoffmeister

Signed
Student Embalmer

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.