

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13492**

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles		c. LENGTH OF STAY (in this place) unknown		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles		99	
d. FULL NAME OF HOSPITAL OR INSTITUTION 343a North Main Street				d. STREET ADDRESS (If rural, give location) 343a North Main Street			
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK		b. (Middle) W.		c. (Last) LOHMAN		4. DATE OF DEATH (Month) (Day) (Year) April 10-1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 23, 1866		9. AGE (In years last birthday) 82 If under 1 year: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer		10b. KIND OF BUSINESS OR INDUSTRY A.C.&F. Co St. Charles		11. BIRTHPLACE (State or foreign country) Warren County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick W. Lohman			13b. MOTHER'S MAIDEN NAME Anna Marie Bockhorst			14. NAME OF HUSBAND OR WIFE Anna (Taake) Lohman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-28-8215		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F.W. Lohman-St. Charles, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of heart disease				?	
		ANTECEDENT CAUSES				?	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Essential hypertension				?	
		II. OTHER SIGNIFICANT CONDITIONS				4 1/2 hr	
		Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION No				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles, Mo. Missouri			
21d. TIME OF INJURY		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 12/18 19 45 , to 4/10 19 49 , that I last saw the deceased alive on 4/10 19 49 , and that death occurred at 8:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ralph O. Hayden MD				23b. ADDRESS St. Charles, Mo		23c. DATE SIGNED 4/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Apr 12-1949		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery		24d. LOCATION (City, town, or county) (State) Warrenton, Missouri	
DATE REC'D BY LOCAL REG. 4-16-49		REGISTRAR'S SIGNATURE Fannie Haussler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Palmeyer & Sons Co 800 N. 2nd St. Charles, Missouri			

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 27 1949

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.

Student
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

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.