No. 300
10-48

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40741

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 170

36

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Clair 36
d. STREET ADDRESS (If rural, give location): 3

3. NAME OF DECEASED (Type or Print)
a. (First): Carl
b. (Middle): W.
c. (Last): Lohmann

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27, 1899
9. AGE (In years last birthday): 50. IF UNDER 1 YEAR: Months 7 Days 16 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Lohmann
13b. MOTHER'S MAIDEN NAME: Elizabeth Nee Laurenzie
14. NAME OF HUSBAND OR WIFE: Elizabeth

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: Elizabeth Lohmann, wife
ADDRESS: St. Clair

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) ACUTE CARDIAC DECOMPENSATION	1 MO.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) GENERALIZED ATERIOLAR SCLEROSIS	2 YRS
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	MACROCYTIC ANEMIA.	4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-7, 1948, *to* 12-13, 1949, *that I last saw the deceased alive on* 12-13, 1949, *and that death occurred at* 9:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Pearl, M.D.
23b. ADDRESS: St. Clair, Mo
23c. DATE SIGNED: 12-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/17/49
24c. NAME OF CEMETERY OR CREMATORY: Saint Clare Cemetery
24d. LOCATION (City, town, or county) (State): Saint Clair, Mo.

DATE REC'D BY LOCAL REG.: Dec 15, 1949
REGISTRAR'S SIGNATURE: [signature] 99 0
25. FUNERAL DIRECTOR'S SIGNATURE: Cecil [signature] Russell [signature] Campana
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

APR 14 1950

RECEIVED DEC 16 1949
District Health Officer No. 9,
District File Number

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. 344, working under my personal supervision.

Student Ralph Ottmann
Student Embalmer

Signed E. F. Ottmann

Licensed Embalmer No. 1686

P. O. Address Marion Ma

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.