

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3220**

40020

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3063	Registrar's No. 00015
1. PLACE OF DEATH a. COUNTY St. Louis,		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 Clayton 5, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) 4442 OR TOWN Clayton 5,		
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) #830 So. Meramec Ave.,		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Res: 830 So. Meramec Ave.,				
3. NAME OF DECEASED (Type or Print) a. (First) MARGUERITE		b. (Middle) JAHNS		c. (Last) LOTHMAN.
4. DATE OF DEATH (Month) (Day) (Year) Jan'y 4, 1950.				
5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH August 7, 1900.	9. AGE (In years last birthday) 49.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home..		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. d	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert C. Jahns.		13b. MOTHER'S MAIDEN NAME Mary Mahaney.		14. NAME OF HUSBAND OR WIFE Carl W. Lothman.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none.		17. INFORMANT'S SIGNATURE OR NAME C. W. Lothman, 830 So. Meramec Ave.,
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerulo-nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Cardiovascular Disease - ? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia		INTERVAL BETWEEN ONSET AND DEATH 5 years 443X 1 month
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Sept 15, 1949 , to Jan. 4, 1950 , that I last saw the deceased alive on Jan 3, 1950 , and that death occurred at 5:00 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE Hiram S. Liggett (Degree or title) M.D.		23b. ADDRESS 3720 Washington Blvd		23c. DATE SIGNED 1/4/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE 1/6/50.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.				
DATE REC'D BY LOCAL REG. 1-4-50		REGISTRAR'S SIGNATURE Herbert L. M... ..		25. FUNERAL DIRECTOR'S SIGNATURE G. R. Lupton & Sons, 7233 Delmar Blvd.,

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

Dr Hiram S. Liggett. J.E.:1551
3720 Washington Bl'vd.,

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

Pearline A. Murray

Licensed Embalmer No. *404*

P. O. Address *St. Louis, 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.