

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10745**

1. PLACE OF DEATH
 a. COUNTY 1
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 732 Hawk Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
 d. STREET ADDRESS (If rural, give location) 18 732 Hawk Ave.

3. NAME OF DECEASED
 a. (First) JOHN b. (Middle) R. c. (Last) LOHBECK
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 15 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH July 9, 1896 9. AGE (In years last birthday) 54
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Clerk-Pacific Fruit Express
 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.
 11. BIRTHPLACE (State or foreign country) _____ 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME John Lohbeck 13b. MOTHER'S MAIDEN NAME Jennie Cunningham 14. NAME OF HUSBAND OR WIFE Clara Lohbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Clara Lohbeck ADDRESS 732 Hawk 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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy
 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
 Conditions contributing to the death but not related to the disease or condition causing death.

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 334X

22. I hereby certify that I attended the deceased from hour 7:25, 1950 to hour 15:49 50, that I last saw the deceased alive on 12/15, 1950, and that death occurred at 5:15 P m., from the causes and on the date stated above.

23a. SIGNATURE Walter J. Gunn (Degree or title) _____ 23b. ADDRESS 4617 Dahlia 23c. DATE SIGNED 12/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 18, 1950 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. DEC 17 1950 REGISTRAR'S SIGNATURE J.P. Luster 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Eduard M. Hermsath*

Licensed Embalmer No. *3024*

P. O. Address.....

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.