

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6366

BIRTH NO. #118083 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1193

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4141	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 5816 Janet Avenue	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) AGNES		b. (Middle) LOHMAN	
c. (Last)		Feb. 4th, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 25, 1874
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	11. BIRTHPLACE (State or foreign country) Germany 4
10b. KIND OF BUSINESS OR INDUSTRY At home		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Hans Bund		13b. MOTHER'S MAIDEN NAME Theresa	
14. NAME OF HUSBAND OR WIFE Felix Lohman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olive Hummel 5816 Janet Avenue	
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) Antisepsitic Heart Disease 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 <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? HSD			
22. I hereby certify that I attended the deceased from 1/1/51 19, to 2/4/51 19, that I last saw the deceased alive on 2/4/41 19, and that death occurred at 3:15am m., from the causes and on the date stated above.			
23a. SIGNATURE Albert M. Higgins MD (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 2/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1951	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St. Louis, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. FEB 6 1951		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Weick Bros. 2201 So. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

Signed *J. Allen Dewey Jr.*
Student Embalmer No.....
Licensed Embalmer No. *17053*
P. O. Address *Stennis 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.