

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38537

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 State File No. \_\_\_\_\_ Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>	
c. LENGTH OF STAY (In this place) <u>68 yrs</u>		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>615 No. Kingshighway</u>		d. STREET ADDRESS (If rural, give location) <u>615 No. Kingshighway</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Robert</u>	b. (Middle) <u>F</u>	c. (Last) <u>Lohrman</u>	<u>NOV 3 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 15, 1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Draftsman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Car Shop</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Henry Lohrman</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Kruel</u>	14. NAME OF HUSBAND OR WIFE <u>Alvina Lohrman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493 07 6518</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alvina Lohrman</u>		ADDRESS <u>ST. CHARLES MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Infarction; Posterior Wall</u>		DUPLICATE		<u>15 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>Two</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Diabetes</u>		<u>20yrs</u>	
		DUE TO (c)		<u>(known)</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death: <u>Extreme Exertion</u>		<u>15 hrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	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)	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 Dec. 1949, to Nov. 3, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lillian D. Jussay</u>	(Degree or title)	23b. ADDRESS <u>832 1/2 Broadway St. Louis, Mo.</u>	23c. DATE SIGNED <u>11/4/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-7-51</u>	REGISTRAR'S SIGNATURE <u>James Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hackmann - Paul</u>	ADDRESS <u>St Charles Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
3

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 11 1951

RECEIVED

**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

*Arthur C. Lane*

Licensed Embalmer No. 3155

P. O. Address H. C. Lane M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.