

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10074

1003

Registrar's No. 10474

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. REGISTRAR'S NO.

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. LENGTH OF STAY (in this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bethesda General Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2018	
		d. STREET ADDRESS (If rural, give location) 7424 Alabama Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Amelia	b. (Middle)	c. (Last) Lohbeck	November 23, 1951		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH May 6, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Fischer	13b. MOTHER'S MAIDEN NAME Mary Seitz	14. NAME OF HUSBAND OR WIFE Emil H. Lohbeck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Emil H. Lohbeck	ADDRESS above
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage and Pulmonary edema!</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>16 hrs.</u> <u>16 hrs.</u> <u>Nov 1951</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Hypertension Cerebrovascular disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right hip</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
		<u>St. Louis Mo. 69130</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 4 1951 12</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor at home</u>
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22. I hereby certify that I attended the deceased from Nov 23, 1951, to 11-23, 1951, that I last saw the deceased alive on 11-23, 1951, and that death occurred at 7:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Stahlhoff M.D.</u> (Degree or title)	23b. ADDRESS <u>512 Dow Place</u>	23c. DATE SIGNED <u>11/24/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>NOV 26 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u> ADDRESS <u>7128 Michigan</u>
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(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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John Ketter + Benshoff*  
Licensed Embalmer No. *3880*

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.