

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43503

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4105

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton
c. LENGTH OF STAY (in this place) 20.0
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY FRANKLIN
c. CITY OR TOWN Sullivan
d. STREET ADDRESS Rural Route

3. NAME OF DECEASED (Type or Print)
a. (First) JACOB DREXEL b. (Middle) LAHMANN c. (Last) LOHMANN

4. DATE OF DEATH (Month) (Day) (Year)
12-26-51

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 2, 1919

9. AGE (In years last birthday) 32
If under 1 year: Months _____ Days _____
If under 1 hr. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Washington County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Lohmann LAHMANN

13b. MOTHER'S MAIDEN NAME Margaret Pope

14. NAME OF HUSBAND OR WIFE NAOMI Martha Lohmann LAHMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes

(If yes, give year or dates of service) WW#2

16. SOCIAL SECURITY NO. 498-16-8039

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Lohmann, Sullivan, Mo.

18. CAUSE OF DEATH (Enter only one cause per part for (a), (b), and (c))
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) Intracranial damage suffered when dump truck he was operating was struck by Wabash passenger train
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 12/26/51

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad crossing

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Berkeley City St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12/26/51 9:20A m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Blunt impact

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Donald J. Willmann (Degree or title) Coroner

23b. ADDRESS Clayton 5, Mo.

23c. DATE SIGNED 12/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 12-27-51

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State) Sullivan, Mo.

DATE REC'D BY LOCAL REG. 12/29/51

REGISTRAR'S SIGNATURE Robert P. Somke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eaton Funeral Home, Sullivan, Mo

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

~~STATE OF TEXAS~~
~~EMBALMERS BOARD~~

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 John Ketter
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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO
County of FRANKLIN) ss.

State File No. 43503

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 2nd day of Feb., 1952, before me appears: Martha
Lahmann, who, upon HER oath, states that the original record of ^{birth} death
for JACOB PREXIL LAHMANN, died DEC 26, 1951, in the State of
Missouri, and which was filed at ST. LOUIS COUNTY on 1951, should be corrected as follows:

Item No. 3 should read JACOB DREXIL LAHMANN

Instead of JACOB DREXEL LOHMANN

Item No. 13a should read GEORGE LAHMANN

Instead of GEORGE LOHMANN

Item No. 14 should read MARTHA NAOMI LAHMANN

Instead of MARTHA NAOMI LOHMANN

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Martha Naomi Wife
Lahmann Relationship.
Sullivan Mo
Present Address.

Subscribed and sworn to before me this 2nd day of February, 1952

My Commission expires May 15, 1954
Emmer E Cowan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.