

STANDARD CERTIFICATE OF DEATH

State File No. **11450**

S. No. 300
V. 10.48

FILED MAR 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Peres</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Peres</u>		4410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Des Peres Road</u>				d. STREET ADDRESS (If rural, give location) <u>Des Peres Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Lochhaas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 23, 1880</u>		9. AGE (in years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rauscher Motor Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Carl Lochhaas</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rasch</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Landvatter Lochhaas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-10-7944</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Marie Lochhaas, Kirkwood, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> (22) INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic renal Condition</u> DUE TO (c) <u>Hypertension</u> 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 <u>443x</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 <u>Jan 25, 1951</u> , to <u>Jan 9, 1952</u> , that I last saw the deceased alive on <u>Jan 9, 1952</u> , and that death occurred at <u>7:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry F. Scott M.D.</u>				23b. ADDRESS <u>Ballwin Mo</u>		23c. DATE SIGNED <u>Jan 10 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/11/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Des Peres, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-10-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombk MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Schrader Fun'l Home, Ballwin, Mo.</u>			

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

Richard Bopp

Signed.....
Student Embalmer

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.