

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3409

State File No.

0940

FILED FEB 11 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		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 Saint Louis		c. LENGTH OF STAY (If in hospital or institution) 4 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2089				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1656 Grape Avenue, 21,				d. STREET ADDRESS (If rural, give location) 1656 Grape Avenue, 21,				
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) A. c. (Last) Lochmann			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25th, 1953.					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4th, 1886		9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MILE Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Meyer			13b. MOTHER'S MAIDEN NAME Frieda Linders		14. NAME OF HUSBAND OR WIFE Edwin T. Lochmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin T. Lochmann, 1656 Grape Avenue, 21,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition DUE TO (c) Multiple myelomata of spine 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 _____		19b. MAJOR FINDINGS OF OPERATION _____			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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____	21f. HOW DID INJURY OCCUR? 203X
22. I hereby certify that I attended the deceased from Jan. 24, 1953 , to Jan. 24, 1953 , that I last saw the deceased alive on Jan. 24, 1953 , and that death occurred at 5:45 A. M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John A. Hartung M.D.				23b. ADDRESS 2807 N. Grand Blvd.		23c. DATE SIGNED 1/26/53		
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 1/28/53	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS 4828 Natural Bridge Blvd.		

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

Chippewa Bldg,
Grand & St. Louis Avenues,
Je. 5555
Hours 3:00 P. M. to 6:30 P. M.
(MONDAY SURE)
PILL IN CITY

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 A. Melnar
Licensed Embalmer No. 4186

P. O. Address St. Louis 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.