

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29709**

FILED AUG 25 1953

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 292

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY St. Francois	b. CITY OR TOWN Bonne Terre	a. STATE Missouri	b. COUNTY St. Francois
c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Bonne Terre	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6606 Grove Ave.		d. STREET ADDRESS 606 1/2 Grove Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) HENRY	b. (Middle) CHARLES	c. (Last) LOPHOLZ	(Month) AUG.	(Day) 20	(Year) 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH MAR. 1, 1910	9. AGE (In years last birthday) 43	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MISSOURI	

13a. FATHER'S NAME JOHN LOPHOLZ	13b. MOTHER'S MAIDEN NAME ANNA M. NEUBRAND	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 497-10-1864	17. INFORMANT'S SIGNATURE OR NAME JOHN LOPHOLZ	ADDRESS BONNE TERRE MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE from ESOPHAGEAL VARICES.		INTERVAL BETWEEN ONSET AND DEATH 12 HRS.
	b. PORTAL HYPERTENSION UNK.		
	c. LAENNEC'S CIRRHOSIS.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			UNK

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5811	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) m.	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 8-19, 1953, to 8-20, 1953, that I last saw the deceased alive on 8-20, 1953, and that death occurred at 430 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Jack Miller MD.</i>	(Degree or title)	23b. ADDRESS 15 N. Allen	23c. DATE SIGNED 8-20-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 22 1953	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO
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DATE REC'D BY LOCAL REG. Aug 20, 1953	REGISTRAR'S SIGNATURE <i>Esther Rudolph</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Benjamin Hullo</i>	ADDRESS Bonne Terre Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
741

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 C. J. Playwell

Licensed Embalmer No. 3706

P. O. Address Donnellville, 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.