

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34479**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 594 Registrar's No. 2523

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St Louis #003	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 22		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonhomme Twp., R.R. 13 Kirkwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 13, W. Big Bend		d. STREET ADDRESS (If rural, give location) R.R. 13 W. Big Bend Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand b. (Middle) J. c. (Last) Lochhaas			4. DATE OF DEATH (Month) (Day) (Year) 9-25-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-26-1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMING INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Lochhaas		13b. MOTHER'S MAIDEN NAME Marie Lochhaas		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Lochhaas R.R. 13 Kirkwood	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS			INTERVAL BETWEEN ONSET AND DEATH 4221
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC NEPHRITIS, ARTERIOSCLEROTIC					
19a. DATE OF OPERATION NINE		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) _____		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 SEPT. 1, 1953, to SEPT. 25, 1953, that I last saw the deceased alive on SEPT. 25, 1953, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE B. R. Loving, Jr. MD (Degree or title)		23b. ADDRESS BALLWIN Mo.		23c. DATE SIGNED 9.26.53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-28-1953		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Lutheran	
				24d. LOCATION (City, town, or county) (State) Des Peres, Mo.	

DATE REC'D BY LOCAL REG. 9/26/53		REGISTRAR'S SIGNATURE Herbert S. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

REVOLVED 1961

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 Albert Mayfield

Licensed Embalmer No. 307

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.