

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hrs</u>	c. CITY OR TOWN <u>St. Clair,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Francis Hospital</u>		d. Is Residence within limits of a city or incorporated town? Year <u>1954</u> No <input type="checkbox"/> Yes <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Washington, Mo.</u>		<u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chris</u> b. (Middle) <u>Herman</u> c. (Last) <u>Lohse</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 21 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>from International Boeul Creek, Mo.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Fred Lohse</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Mollenbesch</u>	14. NAME OF HUSBAND OR WIFE <u>Tida Lohse</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>489-10-9174</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. David Straton</u>	ADDRESS <u>Union</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic Cardiovascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-21, 1946, to 12-20, 1954, that I last saw the deceased alive on 12-20, 1954, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. H. Stuhlman</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Union Mo</u>	23c. DATE SIGNED <u>12-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/21/54</u>	REGISTRAR'S SIGNATURE <u>B. H. Stuhlman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley L. Stuhlman</u>	ADDRESS <u>St. Clair, Mo.</u>
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(Licensed Embalmer, Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision.:

Student
Signature of Student Embalmer

Signed *Sheldon M. Mitchell*

Licensed Embalmer No. 387

P. O. Address *Albany*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.