

FILED SEP 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28766**
Registrator's No. **6149**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Ladue # 4431	
c. LENGTH OF STAY (in this place) 1 day		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 18th & Franklin Ave.		e. STREET ADDRESS (If rural, give location) 878 Nassau Dr.	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) A c. (Last) Lohmann			4. DATE OF DEATH (Month) (Day) (Year) June 27 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 4 1887		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Clerk		10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME August Lohmann		13b. MOTHER'S MAIDEN NAME Elsie Unknown		14. NAME OF HUSBAND OR WIFE Lillie Lohmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WWI (If yes, give war or date of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Lohmann, 878 Nassau Dr.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure Acute		DUE TO (b) Chronic Myocarditis		1 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic Nephritis		? yes	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.2		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?	

22. I hereby certify that I attended the deceased from **5-14-1956**, to **6-27-1956**, that I last saw the deceased alive on **6-9-1956**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. Kaplan (Degree or title) M.D.		23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 6-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/30/56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.					

DATE REC'D BY LOCAL REG. JUN 29 1956		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.	
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m 873 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Albert Kaplan
University Club Bldg.

9 to 12 Fr1.

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 *Albert R. Thompson*.....

Licensed Embalmer No. *423*.....

P. O. Address *St. Louis*.....

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.