

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44206

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3021

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Overland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		d. STREET ADDRESS 2731 Sims	
3. NAME OF DECEASED (Type or print) First Middle Last John C. Lodes		4. DATE OF DEATH Month Day Year Dec. 21, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary-Treasurer		10b. KIND OF BUSINESS OR INDUSTRY Screw & Bolt Co.	11. BIRTHPLACE (City and state or country) St. Louis
13. FATHER'S NAME John Lodes		14. MOTHER'S MAIDEN NAME Mary Cass?	
15. WAS DECEASED IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 790-03-8696	17. INFORMANT Emily Lodes Address 2731 Sims
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to self inflicted strangulation by ligature Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 974X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted strangulation by ligature		
20c. TIME OF INJURY Hour Minute p. m. 12:24 30 12/21/56			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) basement of home	20f. CITY, TOWN, OR LOCATION Overland	COUNTY St. Louis STATE Mo.
21: I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arnold J. Hillman, Coroner. 3		22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 12/26/56
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Dec. 24, 1956	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Ortmann Funeral Home		25. DATE RECD. BY LOCAL REG. 12-22-56	26. REGISTRAR'S SIGNATURE Herbert B. Dombey

(Licensed Embalmer's Statement on Reverse Side)

ath, self, bli, rvice

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no natural causes. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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 *Al C. Outmann*.....

Licensed Embalmer No. 342

P. O. Address

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.