

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027179

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7311

300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) 25 HOSPITAL OR INSTITUTION E. To City Hosp.			Length of stay in lb 47 Yrs. 169	d. STREET ADDRESS 2710 South Grand			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR LOHMAN				4. DATE OF DEATH Month Day Year July 23, 1958				
5. SEX Male <input checked="" type="checkbox"/>	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 May 31, 1892		9. AGE (In years 166 (birthday)	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk			10b. KIND OF BUSINESS OR INDUSTRY H.P. Coffee Co.		11. BIRTHPLACE (City and state or country) Las Cruces N.M.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Oscar Lohman			13b. MOTHER'S MAIDEN NAME Alice Cuniffe			14. NAME OF HUSBAND OR WIFE Evelyn Lohman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) Yes W.W. # 1			16. SOCIAL SECURITY NO. 488-01-8660		17. INFORMANT Address Evelyn Lohman, 2710 South Grand Ave.			
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)		331X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
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 (Degree or title) <i>T. Taylor Carner</i>				22b. ADDRESS 1300 Clark			22c. DATE SIGNED 7.25.58.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/25/1958	23c. NAME OF CEMETERY OR CREMATORY Hematite Cemetery		23d. LOCATION (City, town, or county) (State) Hematite, Missouri			
24. FUNERAL DIRECTOR J. Lee Mothershead, DeSoto, Mo.			25. DATE RECD. BY LOCAL REG. JUL 25 '58		26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

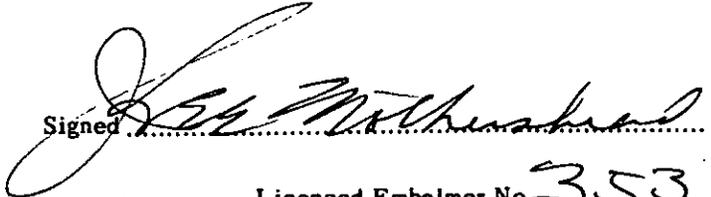
All diseases in Part I must be causally related.

no symptoms with no signs

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 

Licensed Embalmer No. 3531
P. O. Address Des Moines

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.