

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042538
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3004

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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 Valley Park 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. D.O.A.		d. STREET ADDRESS (If outside, give location) 412 Hi. 66	

3. NAME OF DECEASED (Type or print) First John Middle M. Last Lohman			4. DATE OF DEATH Month Nov. Day 16, Year 1958		
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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 Sept. 7, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker	10b. KIND OF BUSINESS OR INDUSTRY Planting Mill	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Lohmann	13b. MOTHER'S MAIDEN NAME Christine Simford	14. NAME OF HUSBAND OR WIFE Edna Parker Lohman
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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) Unknown	16. SOCIAL SECURITY NO. 490-03-6001	17. INFORMANT Mrs. Edna Lohman	Address 412 Hi 66
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured cervical vertebrae, compatible with automobile accident		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) _____		
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 checked="" 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.) Driver of car involved in collision with another
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20c. TIME OF INJURY 1:45 p.m. 11-16-58	Hour _____ Month _____ Day _____ Year _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-66 in front of Res.	20e. CITY, TOWN, OR LOCATION Valley Park	COUNTY St. Louis	STATE Mo.
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20d. INJURY OCCURRED WHILE AT <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 bldg., etc.) Hi-66 in front of Res.	20f. CITY, TOWN, OR LOCATION Valley Park	COUNTY St. Louis	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond Hain</i> (Degree or title) 3 Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 11/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-20-58	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or country) (State) Kirkwood, Mo.
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24. FUNERAL DIRECTOR Mittelberg Funeral Home Webster Groves, Mo.	ADDRESS Webster Groves, Mo.	25. DATE RECD. BY LOCAL REG. 11-18-58	26. REGISTRAR'S SIGNATURE <i>Herbert R. Blomke, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All 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 *John S. Denneke*
Licensed Embalmer No. *4594*
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.