

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011148

STATE FILE NUMBER

2132

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Register No. **2132**

**REC'D MAR 23 1959**

1. PLACE OF DEATH a. COUNTY		5. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bellefontaine Neighbors 4000</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2101 S. Vandeventer</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1142 Akron Dr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>IRVIN LOHRUM</b>			4. DATE OF DEATH Month Day Year <b>Feb. 26 1959</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 22, 1896</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 MRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Const.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. NAME OF FATHER'S MOTHER'S MAIDEN NAME <b>Not Known Not Known</b>	
14. NAME OF HUSBAND OR WIFE <b>Edna Lohrum</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>492 07 5718</b>		17. INFORMANT <b>Joan Lindenbusch 1142 Akron Dr.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>O.K. 4201</b> DUE TO (c) <b>from an injury on 2/26/59</b>			INTERVAL BETWEEN ONSET AND DEATH <b>40 minutes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not included in 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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>		20f. COUNTY STATE <b>Mo.</b>	
21. I attended the deceased from <b>on 2/26/59</b> , to _____ and last saw <sup>her</sup> alive on <b>2/26/59</b> Death occurred at <b>4:02 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Gerald A. Jaeger, M.D.</b>	
22b. ADDRESS <b>2301 So. Kingshighway</b>		22c. DATE SIGNED <b>2/27/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>3/2/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR <b>Buchholz Mortuary 5967 W. Florissant</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 2 '59</b>	26. REGISTRAR'S SIGNATURE <b>Joan Smith, M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wilfred J. Beckley* .....  
Licensed Embalmer No. *4557* .....  
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.