

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037818

FILED VS. OCT 19 1959

2 9053

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's _____

UNRECORDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 13 years	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3746 Taft Avenue
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First FREDERICK Middle R. Last LOHRMANN	4. DATE OF DEATH Month October Day 1 Year 1959
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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 March 24, 1898	9. AGE (last birthday) 61 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Retail Food	11. BIRTHPLACE (City and state or country) Wittenberg, Germany	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Karl Lohrmann	13b. MOTHER'S MAIDEN NAME Rosina Schweikert	14. NAME OF HUSBAND OR WIFE Mrs. Emilie Lohrmann
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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) No	16. SOCIAL SECURITY NO. 487-32-8396	17. INFORMANT Address Mrs. Emilie Lohrmann, 3746 Taft Avenue
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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 Pelvis with profuse hemorrhage. DUE TO (b) Captured Riser. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Stuffed when struck by car	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) operated by unknown party carried away by the vicinity of chauffeur and Spring, about 117 pm, 9-28-59 September 28, 1959.
20c. TIME OF INJURY Hour 11:17 Month, Day, Year 9-28-59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 185 Street	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **2:50 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death certifying physician) Joseph M. Dechant (M.D.)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 10/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR ADDRESS Beiderwieden F. H. Inc. 1936 St. Louis	25. DATE RECD. BY LOCAL REG. OCT 2 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Thomas M. Jentz

Licensed Embalmer No. 3882

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.