

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

APR 27 1927
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH St Louis
 County ST. LOUIS Registration District No. 109
 Township Waltston Primary Registration District No. 6033 File No. 10
 City Waltston (No. Jewish Sanatorium) St. St Louis Ward St Louis
 2. FULL NAME Harry John (Lohen)
 (a) Residence. No. 3058 Sheridan St. St Louis Ward St Louis
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Lohen
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20, 1871
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 | 7 | 3 | 12 | — | — | —
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Tailor
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grodno (STATE OR COUNTRY) Russia
 10. NAME OF FATHER Moses Lohen
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russia (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russia (STATE OR COUNTRY)

14. INFORMANT Mrs. Sarah Lohen (Address) 3058 Sheridan
 15. FILED 4/1 1927 Waltston M.S. REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 7 1927
 17. I HEREBY CERTIFY That I attended deceased from Feb 2, 1927, to Apr 7, 1927, that I last saw him alive on Apr 7, 1927, and that death occurred, on the date stated above, at St Louis

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31 (duration) yrs. 2 mos. + ds.
 CONTRIBUTORY (SECONDARY) 23A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH St. Louis
 DID AN OPERATION PRECEDE DEATH no DATE OF.....
 WAS THERE AN AUTOPSY no
 WHAT TEST CONFIRMED DIAGNOSIS Laboratory & clinical
 (Signed) Edward Scaplan, M.D.
4/2, 1927 (Address) Jewish Sanatorium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bnai Amoona DATE OF BURIAL 4/3 1927
 20. UNDERTAKER H B Berger ADDRESS 4715 McPherson

