

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17947**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 980 950		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY ST. LOUIS		a. STATE MO		b. COUNTY ST. LOUIS				
b. CITY OR TOWN RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY OR TOWN PINE LAWN				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				d. STREET ADDRESS (If rural, give location) 6223 DARDANELLA AVE				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) LOUISA		b. (Middle)		c. (Last) LOHNEG		Date: (Month) (Day) (Year) 4 / 17 / 49		
5. SEX F. /		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 2, 1872		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME UNK. WHALEY			13b. MOTHER'S MAIDEN NAME CLARA HEMSETT			14. NAME OF HUSBAND OR WIFE HERMAN LOHNEG		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS LEONA LOHNEG 6223 DARDANELLA				
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 days		
ANTECEDENT CAUSES								
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
A. Forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) arterio sclerosis		
						DUE TO (c) 331 X		
II. OTHER SIGNIFICANT CONDITIONS								
Conditions contributing to the death but not related to the disease or condition causing death. 830								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
				Becklond (St. Louis, Mo)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 4-10 , 19 49 , to 4-17 , 19 49 , that I last saw the deceased alive on 4-17 , 19 49 , and that death occurred at 11:30 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Theresa Krause MD				23b. ADDRESS 6347 Grand		23c. DATE SIGNED 4.18.49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/20/49		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO		
DATE REC'D BY LOCAL REG. 4-18-49		REGISTRAR'S SIGNATURE Theresa Krause MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meyer & Sons 3934 N. 20th St.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-4896
8
3

Mrs. Thelma C. Krause

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
Student Embalmer

Signed *Neville O. Howhittes*

Licensed Embalmer No. *3696*

P. O. Address *5081 N. 20th ST.*

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 this body is not embalmed, fact should be so stated above.