113

MAY 31 1928

Dr. Aldridge

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

Do not use this space.

12694

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 113

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Paul Emil Loesch

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hilda Loesch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April-7-1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	---	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zion, Cole Co. Mo.

PARENTS

10. NAME OF FATHER: Emil Loesch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cole County, Mo

12. MAIDEN NAME OF MOTHER: Margaret Blank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cole County, Mo

14. INFORMANT: Mrs. Hilda Loesch
(Address): Jefferson City, Missouri

15. FILED 5-5, 1928. S. Bedford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 24 1928

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to Apr 24, 1928, that I last saw him alive on Apr 24, 1928, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M R Aldridge, M. D

Apr 24, 1928 (Address) JC

*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	DATE OF BURIAL
Zion Lutheran Cemetery	Apr-26 1928
20. UNDERTAKER	**ADDRESS**
Wymore-Gordon	J.C.Mo.

N. B.—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.