

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

Do not use this space.

40618

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township St. Louis Primary Registration District No. 1002 File No. 1002  
 City Kansas City (No. 1302 East 36 St) Registered No. 1002 St. 13th Ward

**2. FULL NAME**

Bertrand Loebl  
 (a) Residence No. 1302 E 36 St. 13 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? 67 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 Fannie Loebl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2 1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
91 — 6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) Merchant  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER M Loebl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Miss Knorr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Jr Moorey 3800 Forest

15. FILED 179 287 M. M. Casper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Dec 8, 1928 that I last saw him alive on Dec 8, 1928, and that death occurred, on the date stated above, at 9:45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

bronchopneumonia  
93C  
107A (duration) yrs. mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED at place of death (NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) J. Moorey, M. D.

Dec 9, 1928 (Address) 620 Argyle St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL Dec 10 1928

20. UNDERTAKER Julian K Dardam 3029 1/2 Front ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

