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.

APR 21 1933

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

Do not use this space.

Dr Meyers (Sm)

File No. 9169

Registered No. 216

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield Mo. No. 1605 S. Campbell St. Ward)

2. FULL NAME Frederick Herman Loes

(a) Residence, No. 1605 S. Campbell 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Wilhelmina Loes (Des)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 4 – 1868

7. AGE: YEARS 65 — MONTHS 2 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Mrs Geo. Helfrecht, 1605 S. Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE March 7, 1933

19. UNDERTAKER (ADDRESS): Alma Lohmeyer Home, Springfield Mo.

20. FILED 3 / 6 1933 Ralph W. Langston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 5 – 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1933 to Mch 8, 1933

I last saw him alive on Mch 4, 1933. Death is said to have occurred on the date stated above, at 4 P.m.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease — Date of onset

92A

92A

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. A. Meyer, M. D.

(Address) 240½ E Commercial St