FEB 11 19

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 3659
Registered No. 903

1. PLACE OF DEATH

County
Township
City St. Louis Mo (No. 2122 Ann Ave St. Ward)

2. FULL NAME John Loesch

(a) Residence, No. 2122 Ann Ave St., 23 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Margaret Fogarty Loesch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

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) St. Louis Mo

FATHER

13. NAME Peter Loesch

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

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Margaret Loesch
(ADDRESS) 2122 Ann Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 27 1936

19. UNDERTAKER Stout & Carroll
(ADDRESS) 460 Chatt Fridy C

20. FILED JAN 25 1936 19 J. H. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec ?, 1935, to Jan 24, 1936

I last saw him alive on Jan 24, 1936. Death is said to have occurred on the date stated above, at 12 20 m.

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

	Date of onset
Chronic myocarditis	
Cerebral Sclerosis	
936	

Other ~~contributory causes of importance~~:

Arteriosclerosis
Chronic Myocarditis

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? No

If so, specify

(Signed) Thomas J. Smith, M. D.

(Address) 3626 So. Broadway