

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.

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

Do not use this space.

43210

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis**

(No. **1714a N. 14th St.**)

File No.....

Registered No. **11790**

St. Ward)

2. FULL NAME **Gustave L. Loeffler**

(a) Residence, No. **1714a N. 14th St.** St. **26** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **69** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 28 1936**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rose Loeffler**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1933**, to **Nov 28 1936**

I last saw him alive on **Nov 28 1936** Death is said to have occurred on the date stated above, at **12:30 p.m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 25, 1866**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 3

Date of onset

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

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

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

Chr. Endocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

Other contributory causes of importance: **131**
Cardiovascular Renal disease

13. NAME **Unknown**

Name of operation **none** Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

What test confirmed diagnosis? **Urinary** Was there an autopsy? **yes**

15. MAIDEN NAME **Unknown**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

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

17. INFORMANT (ADDRESS) **Dr. H. H. Loeffler 5159a S. Grand St.**

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crem.** DATE **Nov. 30/36**

Manner of injury.....

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin 2501 Laravette St.**

Nature of injury.....

20. FILE NO. **NOV 30 1936** **J. P. Predeck** Registrar.

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

If so, specify..... (Signed) **Hedley** M. D. (Address) **5074 Lewis, Bldg.**

