

REC'D MAY 10 1938

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

Do not use this space.

13266

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3162**) Iowa Ave. St. Ward)

File No.
Registered No. **3870**

2. FULL NAME **Thomas Loeffelmann 145**

(a) Residence, No. **3162 Iowa Ave.** St. **24** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? **50** yrs. mos. ds. (If nonresident, give city or town and State)

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 **Frances Loeffelman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 26, 1858**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoe worker**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired 15 years**
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) **Czechoslovakia**

13. NAME **Thomas Loeffelman**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Marie Kadere**
(ADDRESS) **3162 Iowa Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **April 28, 38**

19. UNDERTAKER **Wm. B. Moydell**
(ADDRESS) **1926 Allen Ave.**

20. FILED **APR 26 1938** **J. B. Buddeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **April 23, 1938** to **April 26, 1938**
I last saw him alive on **April 25, 1938**. Death is said to have occurred on the date stated above, at **8.10 A.M.**

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

Lobar Pneumonia Date of onset **4/22/38**

Other contributory causes of importance:

Arteriosclerosis

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) **W. W. W. W. W.** M. D.(Address) **3315 S. Jefferson Ave.**

WRITE PLAINLY; WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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This is to certify that I have embalmed
the remains of Thomas Loeffelman

H. C. Moydell

File # 1467