

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.

16 1939

REC'D MAR 9 1939

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

7890  
 Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784

(b) Township Carondelet Primary Registration District No. 281

(c) City Jefferson Barracks (d) Street No. Vet Hosp. Registered No. 281

(e) Length of residence in city or town where death occurred 600 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. Unkn.

2. PRINT FULL NAME Mike A. LOEHR

(a) Residence, No. \_\_\_\_\_ St.  Monroe City, Missouri.  
 (Usual place of abode, if no street address, write county or city) (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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Mildred Loehr (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 3, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>49</u>	<u>1</u>	<u>13</u>	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Earling, (STATE OR COUNTRY) Iowa.

FATHER

13. NAME Fred Loehr

14. BIRTHPLACE (CITY OR TOWN) --- (STATE OR COUNTRY) Wisconsin

MOTHER

15. MAIDEN NAME Anna Langenfield

16. BIRTHPLACE (CITY OR TOWN) --- (STATE OR COUNTRY) Wisconsin

17. INFORMANT Clinical Secretary, (ADDRESS) Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City, Mo. DATE Feb. 16, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED FEB 16 1939 T. H. Meyer, D.D.S. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16 1939

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1939 to February 16, 1939  
 I last saw him alive on February 16, 1939. Death is said to have occurred on the date stated above, at 1:05Am.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Disease, mitral stenosis and insufficiency; Myocardial disease, secondary to Valvular Heart Disease. Date of onset 1914

Other contributory causes of importance:  
Gangrene, right lower extremity, secondary to embolus. (origin unk) 1/15/39  
Nephritis, chronic, nitrogen retention Unkn  
Amputation of rt. leg. Date of 2/14/39  
Phys. and lab. What test confirmed diagnosis? Was there an autopsy? NO

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) C. W. HUGHES, Chief Med. Officer, M. D.  
 (Address) V.A.F., Jefferson Barracks, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway  
St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**