REC'D MAY 10 1939

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

13441
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3783
(c) City St. Louis (d) Street No. Mo. Baptist Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 145 John W. Loeblein.
(a) Residence, No. 4420 Oakland Ave. St. 18
(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 (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Loeblein.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10, 1857.
7. AGE: YEARS 81 MONTHS 7 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.: retired.
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 County, Missouri.

FATHER
13. NAME: Dont know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know.

MOTHER
15. MAIDEN NAME: Dont know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know.

17. INFORMANT (ADDRESS): Mr. Clifford C. Loeblein. 4417 Forest Park Blvd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem. DATE April 25, 1939.
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.
20. FILED APR 24 1939 J. F. Bidlack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from apl 10, 1939, to apl 22, 19..
I last saw him alive on apl 22, 1939. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
apoplexy
Cerebral Hemorrhage
Left side Paralysis
Other contributory causes of importance:
Arteriosclerosis
Date of onset
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) Hudson Talbott, M. D.
(Address) Met Bldg St Louis

(Licensed Embalmer's Statement on Reverse Side)

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.
I X14028

Dr. Hudson Talbot
Met Bldg
1 to 4.
Jef 4141

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, Leonard W Kraeger, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Leonard W Kraeger

Licensed Embalmer No. 2678

P.O. Address St Louis Mo

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

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