

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.

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 11033 2
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4942 Lotus Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John N. Loddeke 320
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 6 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 10 22 hr. _____ min.

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Produce Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name John G. Loddeke

13. Birthplace St. Louis
(City, town, or county) (State or foreign country)

14. Maiden name Nora Murphy

15. Birthplace New Orleans
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Loddeke

(b) Address 4942 Lotus Ave.

17. (a) Burial (b) Date thereof Jan. 1 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cem.

18. (a) Signature of funeral director Thermonburg and Co

(b) Address 4746 St. Elizabeth Ave.

19. (a) DEC 30 1939 (b) _____
(Date received local registration) (City or town) (State)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 4942 Lotus Ave.
(If rural, give location)
(e) No Physician in attendance
(If foreign born, how long in U. S. A? _____ years)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28
year 1939 hour 6:45 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Thrombosis

Due to cardiac hypertrophy

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 95

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury 4

23. Signature Alfred G. Perry (M. D. or other) _____

Address Albany, Missouri Date signed 12.30.39

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.