

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

19630

FILED JUN 10 1940
784

Registration District No.

Primary Registration District No.

Registrar's No.

1049

1. PLACE OF DEATH:

- (a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 5/30/40.
 (Specify whether years, months or days)
 In this community unknown.

3. (a) PRINT
FULL NAMEAlbert Loehr600

3. (b) If veteran,

name war Spanish-American

3. (c) Social Security

No. S.S.-NotRemembered.4. Sex Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married6. (b) Name of husband or wife ANNA

6. (c) Age of husband or wife if

alive - years

7. Birth date of deceased

January 171877

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

63414

hr.

min.

9. Birthplace

St. Louis,Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Salesman

11. Industry or business

12. Name Frederick Loehr13. Birthplace St. Louis,Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Turner15. Birthplace Greenville,Illinois

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature M. Schellig(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.17. (a) Burial(b) Date thereof 6-3-40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Zions Cem.18. (a) Signature of funeral director H. Lidner and Co(b) Address 222 St. Louis Ave19. (a) JUN - 1 1940(b) H. R. Meyer M.D. & P.H.

(Date received local registration)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3840 Labadie Street.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
 year 1940 hour 1:15 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from
May 30, 19 40, to May 31, 19 40;
 that I last saw him alive on May 31, 19 40;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Mesenteric Thrombosis.

Duration

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations none.Of autopsy yes -

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

- (a) Accident, suicide, or homicide (specify) NO
 (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?
707

While at work Glenn L. ... (Specify type of place)

Means of injury _____

23. Signature HARRY LEVINE, M.D., (M. D. or other) 1Address Acting Ch. Med. Officer Date signed _____Vet. Adm. Fac., Jefferson Bks., 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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.