

Registration District No. 754

Primary Registration District No. 220

Registrar's No. 743

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(c) Name of hospital or institution: 1325 Belrue 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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1325 Belrue Ave.,  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1942 hour 7.05 minute A.M.

21. I hereby certify that I attended the deceased from Apr 6  
....., 1941, to Apr 1st, 1942  
that I last saw him alive on Mar 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
one year  
Duration

Due to.....  
Due to.....  
Other conditions Myocardial  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
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) (e) Means of injury.....  
23. Signature J. D. Thurman (M. D. or other)  
Address 6753 Page Ave Date signed 4-1-42

3. (a) PRINT FULL NAME William D. Loeber.

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 Married

6. (b) Name of husband or wife Minnie M. Loeber 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug. 18, 1873.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 14 hr. min.

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

10. Usual occupation Retired Saleman

11. Industry or business.....

12. Name Julius Loeber

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

14. Maiden name Hannah Lake

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

16. (a) Informant Harry Loeber

(b) Address 1325 Belrue Ave.,

17. (a) Burial (b) Date thereof April 3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Modisont Ave.,

19. (a) APR - 2 1942 (b) J. M. Loeber  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9600

Mr. J.D. Therman  
8753 Page Blvd.,

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**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.....



Licensed Embalmer No. 3225.

P. O. Address 1125 Hodiemont Ave.,

**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, fact should be so stated above.**