

FILED JUN 10 1947 91

Registration District No.

Primary Registration District No.

Registrar's No. 4595

1. PLACE OF DEATH:

(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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community.....
years, months or days

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. 2822 Russell Ave
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Lena Loeschner

3. (b) If veteran, name war *****
3. (c) Social Security No. *****

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 7 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Adolph Huppert
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Bersohl
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Loeschner
(b) Address 2822 Russell Ave

17. (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director.....
(b) Address 3029 Lafayette Ave

19. (a) MAY 27 1947 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day May
year 1942 hour 6:40 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 1 1941 to May 25 1942
that I last saw ce alive on 5/24
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary - vascular - disease
chronic Duration 45 years

Due to.....
Due to.....

Other conditions chr. cholecyctitis
(Include pregnancy within 30 days of death) chr. tuberculosis

Major findings: Of operations.....
Of autopsy chr. cholecyctitis - tubercosis

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) U. D.
23. Signature Rich H. Scherer (M. D. or other)
Address 818 Olive St. Date signed 5/26/42

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

Dr. Phil Scherer
Paul Brown Bldg
Central 2781

12 70 3

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 Frank J. Owens

Licensed Embalmer No. 3245

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, fact should be so stated above.