S. No. 2
M—1-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24137

Registration District No. 2-1-2 74 Primary Registration District No. 5-9-2-9 5362 Registrar's No.

1. PLACE OF DEATH:

(a) County Cole

(b) City or town St. Thomas. Clark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Colo 26

(c) City or town St. Thomas Mo 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anton J. Loethen

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife victoria

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 29 (Day) 1875 (Year)

8. AGE: Years 66 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St. Thomas (City, town, or county) Mo 0 Colo (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name adolph Loethen
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Theresia Wenkum
15. Birthplace St. Thomas (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Leo H Loethen
(b) Address Henley - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 17 (Day) 1942 (Year)
(c) Place: burial or cremation St. Thomas Mo

18. (a) Signature of funeral director H H Strop
(b) Address Meta

19. (a) June 15 42 (Date received local registrar) (b) Mrs. F. U. Kallenbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1942 hour about 3 o'clock minute A.M.

21. I hereby certify that I attended the deceased from Year 1935 3th of March 1935 to 15 Day of June 1942 that I last saw him alive on June the 3th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of the Coronary Arteris — Duration 6 Months

Due to Contributary to Arteria Sclerosis

Due to Had an attract of Apoplaxy about 7 Years ago

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

Major findings:
Of operations —
Of autopsy none

94a

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Henry C. Werner (M. D. or other)
Address St. Thomas Mo Date signed June 15 1942

1009 (Licensed Embalmer's Statement on Reverse Side)

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. H H Stop

Licensed Embalmer No. 2924

P. O. Address. Meta 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.