

FILED DEC 10 1942  
Registration District No. 174

Primary Registration District No. 109

Registrar's No. 2357

96  
305

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7393 Flora  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution nil  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7393 Flora  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL-NAME Ferdinand C. Loelkes

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

4. Sex M 5. Color or race O 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ida Loelkes 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct. 31, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 0 9 hr. min.

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

10. Usual occupation Office Clerk

11. Industry or business

12. Name Geo. Loelkes  
13. Birthplace Germany (State or foreign country)  
14. Maiden name Emma Heilig  
15. Birthplace Germany (State or foreign country)

MOTHER FATHER

16. (a) Informant Ida Loelkes  
(b) Address 7393 Flora  
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-18-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Crem.

18. (a) Signature of funeral director Jay B. Smith  
(b) Address 7456 Manchester

19. (a) NOV 10 1942 (Date received local registrar) (b) C. L. McManis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9  
year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 8 1942 to Nov 7 1942  
that I last saw him alive on Nov 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration 2 1/2  
Other conditions Coronary Occlusion  
Due to Coronary Thrombosis  
Due to Coronary Thrombosis

Other conditions (Include pregnancy within 3 months of death) gyno  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature T. R. Vukobratovic (M. D. or other) MD  
Address 2816 South Ave Date signed 11-9-42

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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.....

*J. P. Burgess*

Licensed Embalmer No.....

*4029*

P.O. Address.....

*Maplewood*

**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.)**

*505 P.O. 4029*

**If this body is not embalmed, fact should be so stated above.**