

FILED APR 28 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4548 Arco Avenue.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Catherine Loeblein.

3. (b) If veteran, name war.....None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John W. Loeblein.
 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased June 15 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 10 1 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business.....

MOTHER FATHER

12. Name Joseph Monrotus
 13. Birthplace Germany.
(City, town, or county) (State or foreign country)
 14. Maiden name Boettger
 15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Loeblein
 (b) Address 4417 Forest Park Blvd.

17. (a) Burial (b) Date thereof April 19/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Charles, Cem.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
 (b) Address 5966 Easton Avenue, St. Louis

19. (a) 1943 (b) J. F. Predeck
(Date received local registrar's certificate) (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. 4548 Arco Avenue.
(If rural, give location)
 (e) Citizen of foreign country No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
 year 1943 hour 2 minute 5 M.
 21. I hereby certify that I attended the deceased from many years
 1973 to 4/16 1943
 that I last saw her alive on 4/15/43 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
 Due to age
 Due to.....

Other conditions thromboplegia
(Include pregnancy within 3 months of death)
 Major findings: thromboplegia
 Of operations from cerebral
 Of autopsy thromboplegia

Duration
 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) 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?

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

23. Signature Hudson Talbot (M. D. or other)
 Address Metrop Road Date signed.....

St Louis Mo

Dr. Hudson Talbott.
Metropolitan Building
Office Hours One to Four.

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 3454

David C. Gibson

Registered Apprentice No. 346

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastwood Lane

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.