S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5416

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1225

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: DePaul Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks (Specify whether In this community 4 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76

(c) City or town Florissant Mo. R. 2 (If outside city or town limits, write "RURAL") NR

(d) Street No. Florissant Station R 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Herman Loesing

3. (b) If veteran, name war None

3. (c) Social Security No. -

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Loesing

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March (Month) 26 (Day) 1870 (Year)

8. AGE: Years 73 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Loesing
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Hugo Loesing
(b) Address Black Jack, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Luth. Cemetery

18. (a) Signature of funeral director Diedrich Tum Home
(b) Address 8319 Halls Ferry

19. (a) (Date received local registrar) FEB 7 1944 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1944 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from 12/31, 1943, to 2/4, 1944, that I last saw him alive on 2/3, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema	3 das.
Due to: Chronic Myocarditis	?
Hemiplegia	6 das.
Due to: Arteriosclerosis	
Other conditions: Enlarged prostate (senile) (Include pregnancy within 3 months of death)	

Major findings: Of operations: 1st stage for prostate removal 10 das

Of autopsy: prior to death

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 Leo Hughes (M. D. or other)

Address Florissant, Mo Date signed 2/5/44

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1948

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 Arthur R. Diedrich

Licensed Embalmer No. 3556

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.