

FILED SEP 18 1944
378

Primary Registration District No. 1003

Registrar's No. 7690

1. PLACE OF DEATH:

(a) County _____

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Loberg

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 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 30, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name George L. Loberg

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

14. Maiden name Valerie Panks

15. Birthplace Grand Blanc, Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Valerie Loberg

(b) Address 903 Aubert

17. (a) Anatomical Board (b) Date thereof 8-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter - 3500 Rutgers

(b) Address Washington University

19. (a) SEP 6 1944 (b) J. O. Path
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 903 Aubert Street One
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th
year 1944 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from 6-30 1944 to 6-30 1944
that I last saw her alive on 9 AM 6-30-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Atelectasis of Lungs
Interstitial Emphysema of Lungs

Due to unknown

Due to _____

Other conditions:
(Include pregnancy within 3 months of death) 112

PHYSICIAN

Major findings:
Of operations _____

Of autopsy above

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)
(c) Means of injury _____

23. Signature John S. Hobbs (M.D. _____)
Address 6308 Kingshighway Date signed 8/24/44

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.