

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two weeks  
(Specify whether years, months or days)  
 In this community 60 years 1

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Lemay  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 155 East Etta Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country --

**3. (a) PRINT FULL NAME** ROSE LOEFFLER  
 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 Married  
 6. (b) Name of husband or wife John S Loeffler 6. (c) Age of husband or wife if alive 60 yrs  
 7. Birth date of deceased July 20 1884  
(Month) (Day) (Year)

**8. AGE:** Years 60 Months 4 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

**MOTHER FATHER**  
 12. Name --- Ruedi  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Loeffler  
 (b) Address 155 East Etta Ave., Lemay, Mo.

17. (a) Burial (b) Date thereof Nov. 25, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U. & L. CO.  
 (b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) NOV 24 1944 J. F. Brudeck  
(Date received local authority) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month November day 22  
 year 1944 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-24-1944 to 11-22-44  
 that I last saw her alive on 11-22-44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to Metastasis to Lung

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Hb  
 Of autopsy above Confir  
**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? \_\_\_\_\_

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

23. Signature D. J. Pruett (M. D. or other) \_\_\_\_\_  
 Address 6060 W. Ave Date signed 11-23-44

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

NOV 24 1944

Dr. D. S. Pruett  
6006 Virginia

**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Lemay

**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.**