

FILED DEC 29 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10764

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:
Jewish Hos'p
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 6304 Northwood
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Evelyn Block Loebner

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

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced, wid. Wid.

6. (b) Name of husband or wife Rogers 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased September 21 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 3 26 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

12. Name Louis Block

13. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)

14. Maiden name Flora Leyser

15. Birthplace New Mexico
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Block

(b) Address 6304 Northwood

17. (a) Burial (b) Date thereof 12/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director J. F. Budeck

(b) Address 4356 Lindell Blvd

19. (a) DEC 18 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1944 hour 4 minute 58 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Apoplexy
8304

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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?

While at work _____ (Specify type of place) (c) Means of injury _____

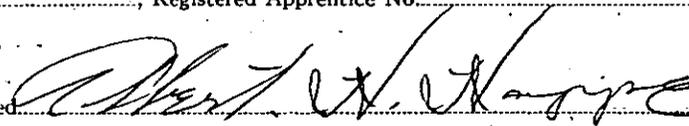
23. Signature W. H. Perry (M. D. or other) _____
Address _____ Date signed 12/18/44

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. 1861

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.