

S. No. 2
4-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42023**
Registrar's No. **226**

FILED JAN 4 1945
206

Registration District No. _____ Primary Registration District No. **6048**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **Weldon Spring** *N. A. name*
(c) Name of hospital or institution: **Residence**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **Weldon Spring**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mina Loefert

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 **Paul Loefert** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **October 12, 1860**
(Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **St. Charles County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Frederich Stoerker**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Loefert**
(b) Address **Weldon Spring, Mo**

17. (a) **Burial** (b) Date thereof **Dec. 13, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
Evangelical Cemetery

(c) Place: burial or cremation **Weldon Spring, Mo.**

18. (a) Signature of funeral director **Waldmann Paul**
(b) Address **326 N. 6th St. St. Charles, Mo.**

19. (a) **Dec 13-44** (b) **G. A. Keithley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10**
year **1944** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **July 17, 1943 to Dec 9, 1944**
that I last saw h. **u.** alive on **Dec 9, 1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **Myocardial Insufficiency** Duration _____

Due to **Myocardial Insufficiency**

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? _____

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

23. Signature **G. A. Keithley** (M. D. or other) _____
Address **200 N. Main St. St. Charles, Mo.** Date signed **10/12/44**

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

12
0
0

692

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-3-45

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed..... *Arthur C. Bone*

Licensed Embalmer No. 3157

P. O. Address St. Charles, 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.