

RECORDED  
JAN 31 1945

Registration District No.

318

Primary Registration District No.

100

Registrar's No.

679

## 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:  
Firmin De Lodge Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 Days  
 In this community 40 Years In St. Louis  
 years, months or days

3. (a) PRINT FULL NAME ELISABETH LOCHH3. (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 Dominik Loch  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased June 25, 1882  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 6 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hungary (City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business Housewife12. Name Mathew Flauter13. Birthplace Hungary (City, town, or county) (State or foreign country)14. Maiden name Katherine Geiser15. Birthplace Hungary (City, town, or county) (State or foreign country)16. (a) Informant Dominik Loch(b) Address 5524 Alaska Ave.17. (a) Burial (b) Date thereof Jan 24/45  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SunSet Burial Park18. (a) Signature of funeral director Thos. Kulis & Son(b) Address 2906 Gravois Ave.19. (a) JAN 23 1945 (b) J. F. Bedneck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5524 Alaska Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1945 hour 5 10 A.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from  
Jan. 13, 1945 to Jan 21, 1945  
that I last saw her alive on Jan 20, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hemiplegia (Embolic) 5 days  
 Due to Coronary Occlusion 8 days  
with mural thrombus?  
 Due to Hypertensive, vascular ?  
Disease + diabetes mellitus ?

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) (e) Means of injury \_\_\_\_\_

23. Signature E. Lee Shrader (M. D. or other) \_\_\_\_\_  
Address 3720 N. Washington Date signed 1/21/45

Room 601 Reamont Hall  
3720 Woodward Ave

**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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Grand Ave

**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.**