

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14570  
Registrar's No. 799

FILED APR 23 1945

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis Florissant

(b) City or town St. Louis Florissant  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Shackelford Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME August Loesing

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice M. Loesing nee Smiley

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 3, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Henry Loesing

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Maxmann

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice M. Loesing

(b) Address Box 631 Route 2 Florissant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/45  
(Month) (Day) (Year)

(c) Place: burial or cremation Salem Black Jack, Mo

18. (a) Signature of funeral director Math Hermann & Son  
2161 East Fair Ave

(b) Address \_\_\_\_\_

19. (a) APR 2 1945 (Date received local registrar)

(b) E. B. H. E. G. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Florissant  
(If outside city or town limits, write "RURAL")

(d) Street No. Box 631 Route #2.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th  
year 1945 hour 9:30 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 19, 1945 to Mar 31, 1945.

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr

Due to Hypertensive cardio-vas disease - Myocarditis ?  
? ?

Due to \_\_\_\_\_

Other conditions Influenza } 1 mo  
(Exclude pregnancy within 3 months of death)  
Peri-carditis

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 930

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) \_\_\_\_\_  
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 \_\_\_\_\_

Signature W. D. Hughes (M. D. or other) W. D.

Address Ferguson Mo Date signed 3/31/45

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Gustav W. Ductule*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, 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.**