

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18652

State File No. _____
Registrar's No. 4586

FILED MAY 31 1946
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17530

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wao 2317
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1933 California Ave
(If rural, give location)
(e) Citizen of foreign country? no - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Loberg, Emma

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John H. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 20 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 0 hr. min.

9. Birthplace Patton - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife

11. Industry or business _____

MOTHER FATHER

12. Name William Conrad

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

14. Maiden name Susan Barks

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

16. (a) Informant John M. Loder

(b) Address 1933 California Ave

17. (a) Burial (b) Date thereof 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Patton, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 21 1946 (Date received by Registrar) (b) J. F. Bredes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour 9 minute 45 AM

21. I hereby certify that I attended the deceased from 5/8, 1946 to 5/20, 1946
that I last saw her alive on 5/20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac decompensation Duration 2 days

Due to arteriosclerotic heart disease several years

Due to _____

Other conditions arteriosclerosis 30 yrs.
(Include pregnancy within 3 months of death)

Major findings; Of operations goitre substernal colloid goitre PHYSICIAN
Of autopsy as above; bilateral hydrothorax; pulmonary congestion 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) (e) Means of injury _____

23. Signature Francis Burns (M. D. or other) M.D.
Address Firmin Desloge Hosp Date signed 5/21/46

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..... *C W Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2301 Lafayette Av*.....

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.