

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

FILED JUL 22 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 6037

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days  
(Specify whether \_\_\_\_\_)  
 In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3634 Morganford Rd.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick G. Loesekam  
 3. (b) If veteran, name war No 3. (c) Social Security No. None  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Emily 6. (c) Age of husband or wife if alive 84 years  
 7. Birth date of deceased: April 30, 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
 year 1946 hour 5 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from 6/26 to July 5, 1946  
 that I last saw him alive on July 5, 1946  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death: Chronic myocarditis?  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Senility  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired  
 11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace do  
(City, town, or county) (State or foreign country)  
 14. Maiden name do  
 15. Birthplace do  
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Mary Emily Loesekam  
 (b) Address: 3634 Morganford  
 17. (a) Burial (b) Date thereof: 7/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Old SS Peter & Paul  
 18. (a) Signature of funeral director: Oscar J Hoffmeister  
 (b) Address: 4016 Chippewa  
 19. (a) JUL 9 1946 J. F. Brueck  
(Date received local registrar) (Registrar's signature)

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 J. F. Brueck (M. D. or other) \_\_\_\_\_  
 Address 406 S. 50 Grand Date signed 7-6/46

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

MOTHER FATHER

32 12 11 11 13 11

2809

201.

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..... *J. Allen Davis Jr*  
Licensed Embalmer No. *4053*  
P. O. Address..... *St Louis*

**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.