

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
OCT 23 1946  
FILED

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33095

State File No. \_\_\_\_\_

Dr. Gillham  
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 234

1. PLACE OF DEATH:  
(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
516 Madison Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 86 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cole 26  
(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 516 Madison Street 4  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emil Loesch  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 1  
year 1946 hour 7 minute P. M.

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Margaretha Loesch 6. (c) Age of husband or wife if  
alive 87 years  
7. Birth date of deceased July 19 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21, 1944 to Oct 1, 1946  
that I last saw him alive on October 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 2 days  
Due to Carcinoma of prostate 2 years  
Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: 51B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

MOTHER FATHER { 12. Name Gustav Loesch #  
13. Birthplace Germany #  
(City, town, or county) (State or foreign country)  
14. Maiden name Johanna Mueller #  
15. Birthplace Germany #  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Loesch  
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-3-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace Lutheran Cemetery

18. (a) Signature of funeral director Shop of Coram  
(b) Address Jefferson City, Missouri

19. (a) 10-12-46 (b) R. V. Davis M.D.  
(Date received local registrar) (Registrar's signature) M.B.

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature D. W. Gillham M.D.  
Address Jefferson City, Mo. Date signed 10/3/46

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

**RECEIVED**  
District Health Officer No. 9,  
District File Number 16-22-46  
Date Filed 16-22-46

APR 26 1946

**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 Joseph J. Gordon  
Licensed Embalmer No. 1786  
P. O. Address Jefferson City 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.**