No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25795 6957

Primary Registration District No. 1003

Registrar's No.

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: 4942 Lotus Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4942 Lotus Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Nora Loddeke

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Loddeke

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 12, 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	12	hr. min.

9. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name Patrick Murphy

13. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

14. Maiden name Mina Magner

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

16. (a) Informant John Loddeke

(b) Address 4942 Lotus Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 '47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) JUL 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 47 hour 8 minute a. m. P. M.

21. I hereby certify that I attended the deceased from December 19th 1946 to July 24th 1947 that I last saw him alive on July 21st 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Infarction of Myocardium	7 months
Due to: Arteria sclerotic Coronary Thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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)

While at work? (e) Means of injury

23. Signature A. P. Wunsch (M. D. or other)

Address 366 Humboldt Bldg. Date signed July 25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.