. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36673

Registrar's No. 2138

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Manchester (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home and Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 4mo & 25 days (Specify whether

In this community 1 yr. 4 mo and 25 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. Manchester Nursing Home (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Minnie Loeffel

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 Widower

6. (b) Name of husband or wife Herman Loeffel

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

7. Birth date of deceased September (Month) 28 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	11	hr. min.

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

10. Usual occupation Houswife

11. Industry or business

FATHER

12. Name John Dewine

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Mrs. C. C. Warper

(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Brinkhoff - Howell

(b) Address Cape Girardeau, Mo.

19. (a) 10-14-47 (Date received local registrar) (b) Earl A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 year 1947 hour 10 55 minute P M.

21. I hereby certify that I attended the deceased from May 14, 1947, to Oct 9, 1947; that I last saw her alive on Oct 9, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	
Cardiac failure	5 days
Due to	
Due to 93d	
Other conditions Senile psychosis (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 C H Denny (M. D. or other) MD

Address Creve Coeur, Mo Date signed 10-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....John S. Dennehy

Licensed Embalmer No.....4194

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.