No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42799

FILED DEC 26 1947

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 411

94
6
0

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 1 das. (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94

(c) City or town Wellston Ave. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7550 Page Ave. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME WALTER H. LOESING

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Elma Zimmer

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

7. Birth date of deceased January (Month) 17 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	10	19	..... hr. ..... min.

9. Birthplace St. Louis County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Common labor

11. Industry or business .....

FATHER
12. Name Henry Loesing
13. Birthplace St. Louis County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Kummer
15. Birthplace St. Louis County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Blackjack Cem., Blackjack, Mo.

18. (a) Signature of funeral director Math Hermann & Son
(b) Address St. Louis, Missouri

19. (a) 12-19-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 299

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1947 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1947, 19....., to Dec. 6, 1947, 19.....;
that I last saw him alive on Dec. 6, 1947, 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions Psychosis with syphilitic meningo encephalitis. (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy 30 B	

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 0

23. Signature John A. Brenna M.D. (M.D. or other)

Address State Hosp. #4 Farmington Mo. Date signed 12/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1247-1600
Date Filed 12-23-47

DEC 30 1947

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 W. G. Burnley

Licensed Embalmer No. 4202

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.