

No. 300
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5-17-39
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27955

State File No. _____
Registrar's No. 7739

FILED SEP 13 1948
Registration District No. 318

Primary Registration District No. 1003

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

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Day's
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 96
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. 9701 Clayton Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Addie M. Loeblein
(b) If veteran, name war No (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 16 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER {
12. Name Bernard Loeblein
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Brannan
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosalind Bullock
(b) Address 9701 Clayton Road

17. (a) Burial (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Paschedag-Henke

(b) Address 2825 N. Grand Blvd.
19. (a) SEP 2 1948 (b) J. F. Bresnack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 1
year 1948 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug 17, 1948, to Sept. 1, 1948
that I last saw her alive on Sept. 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 2 weeks
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to 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? _____

While at work? (Specify type of place) (e) Means of injury _____
23. Signature William H. Grundmann M.D. (M. D. or other) _____
Address 2519 N. Jefferson St. St. Louis Date signed 9/2/48

APR 25 1950

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 Ray W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address St. Louis, 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.