

DEPARTMENT OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>016784</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>96</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aftton</u>		c. LENGTH OF STAY (in this place) <u>58 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aftton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6411 Darlow Drive</u>				d. STREET ADDRESS (If rural, give location) <u>6411 Darlow Drive</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Henry</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Loemker</u>	(Month) <u>January</u>	(Day) <u>22,</u>	(Year) <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan. 10, 1877</u>	9. AGE (In years last birthday) <u>72.</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>		11. BIRTHPLACE (State or foreign country) <u>Frotheim, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>WM. Loemker</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Finke</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Franke Loemker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. L. Reinhold 6411 Darlow</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchopneumonia</u>				<u>2 years</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LANK</u>					
		DUE TO (c) <u>93d</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Heart Disease</u>				<u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/18, 1946</u> , to <u>1/22, 1949</u> , that I last saw the deceased alive on <u>1/21, 1949</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter H. Sumner, M.D.</u>				23b. ADDRESS <u>5833</u>		23c. DATE SIGNED <u>1/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-24-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond Coleman, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden F. H. Inc., 1936 St. Louis Av.</u>			

5003 E. ...
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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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

_____ Student Embalmer

Signed Shall Paulson

Licensed Embalmer No. 4114

P. O. Address 936 1/2 Ave

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.