

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38178**

FILED DEC 2 1950

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048** Registrar's No. **19**

0920

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Ballou		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) Ballou		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY (If outside corporate limits, write RURAL and give township) 0920	
3. NAME OF DECEASED a. (First) FRANK (Type or Print)		b. (Middle) F.	
c. (Last) LOELLKE		4. DATE OF DEATH (Month) (Day) (Year) Nov 26 - 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH Aug 24 - 1885
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail		10b. KIND OF BUSINESS OR INDUSTRY Mercantile	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Loellke		13b. MOTHER'S MAIDEN NAME Berger	
14. NAME OF HUSBAND OR WIFE Mrs. Caroline Loellke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline Loellke		ADDRESS Ballou Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Old Pneumonic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH about 45 min.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		30-40 years	
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)		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 Aug. 18, 1950 , to Nov. 26, 1950 , that I last saw the deceased alive on Nov. 26, 1950 , and that death occurred at 3:59 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John L. Kreeger, M.D.		23b. ADDRESS Ballou, Mo.	
23c. DATE SIGNED 27 Nov. 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 28, 1950	
24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Jerseyville Ill.	
DATE REC'D BY LOCAL REG. Nov 27 - 50		REGISTRAR'S SIGNATURE P. A. Keithly 280	
25. FUNERAL DIRECTOR'S SIGNATURE P. A. Keithly		ADDRESS Ballou Mo	

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.

Signed _____

E. Anthony

Signed _____

Student Embalmer

Licensed Embalmer No. *878*

P. O. Address *Fallon 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.