

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24928  
Registrar's No. 6227

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marion Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3314 S. 18th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Loebig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/12/51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 31, 1882</u>
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Christ Schickedanz</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Gockle</u>	14. NAME OF HUSBAND OR WIFE <u>Peter J.</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. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver P. Loebig-3314 S. 18th St.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart Disease</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Chronic Kidney Disease</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u>		1 Yr. _____	
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>		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? <u>H343</u>	
22. I hereby certify that I attended the deceased from <u>July 10, 1950</u> , to <u>July 12, 1951</u> , that I last saw the deceased alive on <u>July 10th 1951</u> , and that death occurred at <u>10:45 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. N. Watter</u> (Degree or title)		23b. ADDRESS <u>3608 South Grand Blvd.</u>	23c. DATE SIGNED <u>7/12/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Forster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker-Welderle -3634 Gravois</u>	

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

La 1891

*[Handwritten scribbles]*

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Robert Wheeler

Signed.....  
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address Stam MD

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.