

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31653**
Registrar's No. **8012**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3436 Connecticut		d. STREET ADDRESS (If rural, give location) 16 3436 Connecticut	
3. NAME OF DECEASED (Type or Print) a. (First) Rudolph b. (Middle) E. c. (Last) Loelkes		4. DATE OF DEATH (Month) (Day) (Year) 9/9/51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1887
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Shapleigh Hardware Co.	11. BIRTHPLACE (State or foreign country) Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. George Loelkes		13b. MOTHER'S MAIDEN NAME Irma	
14. NAME OF HUSBAND OR WIFE Lulu A.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Lulu A. Loelkes-3436 Connecticut	
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) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastroenteritis, Acute, Severe 1 day	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H 200		22. I hereby certify that I attended the deceased from <u>June, 1951</u> , to <u>Sept 9, 1951</u> , that I last saw the deceased alive on <u>Sept 9, 1951</u> , and that death occurred at <u>1:40 a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Caron Heulin M.D.		23b. ADDRESS 457 N. Kingshighway	
23c. DATE SIGNED 9/10/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/12/51		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welder	
25. ADDRESS 3634 Gravois		DATE REC'D BY LOCAL REG. SEP 10 1951	
REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. ADDRESS 3634 Gravois	

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.....

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.