

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39341

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10196

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION MA BARNES SA HOSPITAL CEBNER		e. STREET ADDRESS (If rural, give location) 4250 Manchester	

3. NAME OF DECEASED (Type or Print) a. (First) MAE b. (Middle) SARAH c. (Last) LOEBNER			4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 51		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 4, 1885		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Philip Loebner		13b. MOTHER'S MAIDEN NAME Hannah Kohn		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Isaac Loebner	
				ADDRESS 4250 Manchester	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>5-11-51</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Seven years</i>	
*This does not mean the means of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. <i>Diabetes Mellitus</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>no op.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <i>4200</i>	
22. I hereby certify that I attended the deceased from <i>±</i> , 1949, to <i>Nov 15</i> , 1951, that I last saw the deceased alive on <i>Nov 15</i> , 1951, and that death occurred at <i>± 6:30</i> m., from the causes and on the date stated above.					

23a. SIGNATURE <i>Alfred Fleishman M.D.</i>		(Degree or title)		23b. ADDRESS <i>462 N Taylor</i>	
23c. DATE SIGNED <i>11/16/51</i>					
24a. BURIAL CREMATION (Specify)		24b. DATE <i>11/18/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Sinai</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>					
DATE REC'D BY LOCAL REG. <i>NOV 16 1951</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25 FUNERAL DIRECTOR'S SIGNATURE <i>W. A. ...</i>	
				ADDRESS <i>4356 Lindell</i>	

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W. W. Wilkerson

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. 39341  
Local Registrar's No. 10196

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death for Mae Sarah Loebner died 11-15-1951 ~~1952~~, 19\_\_\_\_, in the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 3 should read Mae Loebner

Instead of \_\_\_\_\_ Mae Sarah Loebner

Item No. 4 should read November 15 1951

Instead of \_\_\_\_\_ November 16 1951

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Sandra M. [Signature]  
Relation Daughter

4356 Lindell  
Present Address.

Subscribed and sworn to before me this 29 day of Dec, 19451

My Commission expires 3-4-53

Leola J. Johnson Notary Public.

