

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11002**

DECEASED **MAR 22 1952**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3064** Registrar's No. **189**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Halls Ferry Nursing Home		d. STREET ADDRESS (If rural, give location) 4446 Delmar Avenue.,	

3. NAME OF DECEASED (Type or Print) a. (First) Ernst	b. (Middle) William	c. (Last) Loehning	4. DATE OF DEATH (Month) (Day) (Year) Jan 22, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 15 1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (State or foreign country) Berger, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Loehning	13b. MOTHER'S MAIDEN NAME Ann Wesemann	14. NAME OF HUSBAND OR WIFE Marie Loehning
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. Lottmann-2741a Utah St.,
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parotid gland tumor (Carcinoma)		
	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. X-ray therapy reaction arteriosclerotic cardiovascular disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 23, 1951** to **Jan 22, 1952**, that I last saw the deceased alive on **Jan 22, 1952** and that death occurred at **11:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Lottmann M.D.	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 1/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-23-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Berger, Missouri
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DATE REC'D BY LOCAL REG. 1-23-52	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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SEP 12 1952

SEP 11 1952

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 _____

*Student Embalmer

Signed _____

John S. Denneke

Licensed Embalmer No. 4194

P.O. Address _____

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.