

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14519**  
Registrar's No. **3120**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>72yrs</b>		d. STREET ADDRESS (If rural, give location) <b>4373 West Pine Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stone Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>Julia Loehring</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 31 1952</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 16 1879</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
										Months		Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Gregory Burkart</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Heil</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. F. Loehring</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stone Nursing Home 4373 West Pine</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Rectum</b>						<b>2 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia; etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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? <b>15HX</b>	

22. I hereby certify that I attended the deceased from **Jan 24, 1952**, to **March 31, 1952**, that I last saw the deceased alive on **March 31, 1952**, and that death occurred at **10:20 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Bernard E Campbell M.D.</b>		23b. ADDRESS <b>4375 West Pine Blvd</b>		23c. DATE SIGNED <b>4/2/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/3/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake CHARLES CEM</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY, MO</b>	
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DATE REC'D BY LOCAL REG. <b>APR 2 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm J Morrell 4712 St Louis ave</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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**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. Deenne*  
.....  
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.**