

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

222996

FILED JUL 2 - 1953

318

1003

State File No. \_\_\_\_\_  
Registrar's No. **5888**

|   |  |  |   |  |  |  |                                   |  |  |
|---|--|--|---|--|--|--|-----------------------------------|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. <b>5888</b>  |                                   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>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. LENGTH OF STAY (In this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  |  | 225  |                                   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>  |  |  |   | d. STREET ADDRESS (If rural, give location) <b>17 North 6th Street.</b>  |  |  |                                   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Bernard</b>  |  | b. (Middle) _____  |   | c. (Last) <b>Loher</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 12, 1953</b>              |                                   |  |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>  |  | 8. DATE OF BIRTH <b>?</b>  |                                   |  |  |
| 9. AGE (In years) (at birthday) <b>88 about</b>   |  | IF UNDER 1 YEAR: Months _____ Days _____   |   | IF UNDER 24 HRS. Hours _____ Min. _____  |  |  |                                   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____ |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>         |                                   |  |  |
| 12. CITIZEN OF WHAT COUNTRY? _____  |  |  | 13a. FATHER'S NAME <b>Anthony Loher</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> |  | 14. NAME OF HUSBAND OR WIFE _____ |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____  |  | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Laurance Watson</b> ADDRESS <b>1922a Warren St.</b>   |  |  |                                   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis, Cerebral</b><br>DUE TO (c) <b>Hemorrhage</b><br>II. OTHER SIGNIFICANT CONDITIONS: _____<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |                                   | INTERVAL BETWEEN ONSET AND DEATH _____ |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>      |                                   |  |  |
| 21a. ACCIDENT OR BOMBING (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? <b>331X</b>   |  |  |                                   |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:35A</b> m., from the causes and on the date stated above. |  |  |   |  |  |  |                                   |  |  |
| 22a. SIGNATURE <b>Patrick Taylor Corcoran</b> (Degree or title) _____   |  |  |   | 22b. ADDRESS <b>1300 Clark</b>   |  | 22c. DATE SIGNED <b>6.13.53</b>  |                                   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>June 15, 1953</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b> |                                   |  |  |
| DATE REC'D BY LOCAL REG. <b>11/13/53</b>  |  | REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Weidner</b> ADDRESS <b>Und. Co. 2223 St. Louis Av.</b>   |  |  |                                   |  |  |

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

Cause of death

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1958

AUG 26 1954

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 A. Buchholz*

Licensed Embalmer No. \_\_\_\_\_

1674

P. O. Address \_\_\_\_\_

2223 *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

- 1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
- 2. An item already amended once by affidavit cannot be amended again by affidavit.
- 3. A surname is changed by court order or by adoption or legitimation procedures.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 22996

State of ARIZONA }  
 County of PIMA } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. ....

On this 7th day of March, 1956, before me appears  
Francisca P. Loher, who, upon sworn oath, states that the original record of <sup>birth-</sup>death  
 for Bernard Loher died born June 12, 1953, 19    , in the State of  
 Missouri, and which was filed at Jefferson City, Missouri on July 2, 1953 should be corrected as follows:

Item No. #7 should read "Married"  
 Instead of "Single"

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 .....

Item No. .... should read .....  
 Instead of .....

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

(SEAL)

Affiant Francisca P. Loher Relationship. 1005 W. Sonora, Tucson, Arizona.  
 Present Address.

Subscribed and sworn to before me this 7th day of March, 1956.

My Commission expires March 19, 1958 John P. Deane Notary Public.

