

12139-54  
FILED MAR 19 1954

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland, 424 X</u>		d. STREET ADDRESS (If rural, give location) <u>9831 Eastbrook</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>LOEHR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 17, 1954</u>		9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Loehr</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Mae Dietrich</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. J. Loehr, Overland, Mo.</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Congenital Heart</u> ANTECEDENT CAUSES <u>Entraventricular Septal Defect</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ DUE TO (c) <u>Congestive Failure</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>17 Days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? <u>7542</u>			
22. I hereby certify that I attended the deceased from <u>March 5, 1954</u> , to <u>March 6, 1954</u> , that I last saw the deceased alive on <u>March 5, 1954</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patricia A. Gorman, M.D.</u>				23b. ADDRESS <u>1695 Brentwood Blvd.</u>		23c. DATE SIGNED <u>3-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/8/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 8 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp Inc. Relywood</u> ADDRESS _____			

**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..... *Felix Khusand* .....

Licensed Embalmer No. *3034* .....

P. O. Address *1st Wood 91 me* .....

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.