

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28426**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **2024**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Maplewood	c. LENGTH OF STAY (in this place) 27 yrs.	c. CITY OR TOWN Maplewood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7393 Flora Ave.		e. STREET ADDRESS (If rural, give location) 7393 Flora Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) K. c. (Last) Loelkes			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28th 1955
---	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12th 1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	--	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Smithton Ill.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	--

13a. FATHER'S NAME Lewis Sunkel	13b. MOTHER'S MAIDEN NAME Wilhemina (Unknown)	14. NAME OF HUSBAND OR WIFE (late) Ferdinand Loelkes
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Geo. & Rose Loelkes	ADDRESS Above
---	--	---	-------------------------

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* (a) acute dilatation of heart 1/2 in		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis		6 yrs
	DUE TO (c) arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **8-13-55** to **8-27-55** that I last saw the deceased alive on **8-12-55** and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. P. Chy 73.4	23b. ADDRESS 2816 Sutor	23c. DATE SIGNED 8-25-55
---	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 8-31-55	24c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 8/30/55	REGISTRAR'S SIGNATURE Herbert R. Drake M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.	ADDRESS
--	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed.....
J.P. Burgess

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.