

FILED APR 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11062**
 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3364**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 4136 Holly Hills Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Johanna b. (Middle) c. (Last) Loesche		4. DATE OF DEATH (Month) (Day) (Year) Apr. 1, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 4, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. 78
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? Am.	
13a. FATHER'S NAME Wm. Rathert		13b. MOTHER'S MAIDEN NAME Sohhia Renneberg	14. NAME OF HUSBAND OR WIFE William Loesche
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. 496-18-9994	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Harstick 4136 Holly Hills Blvd.
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1. Subdural and subarachnoid hemorrhage 2. Multiple fractures: suffered in collision between car operated by Frank Harvath and car operated by Lydia Loesche in which deceased was a passenger, at intersection of Christy Blvd. and Rosa Ave. about 19:19 PM.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		deceased was a passenger, at intersection of Christy Blvd. and Rosa Ave. about 19:19 PM.	
19a. DATE OF OPERATION April 1st, 1956		19b. MAJOR FINDINGS OF OPERATION Accident 8164	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See above	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 26 Mo.		21d. HOW DID INJURY OCCUR? See above	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) See above		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
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 11:30 PM on the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Esther E. Taylor, Coroner		23b. ADDRESS 1300 Clark Ave	
23c. DATE SIGNED 4/4/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 5, 1956	
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem		24d. LOCATION (City, town, or county) (State) St. Louis COUNTY MO.	
DATE REC'D BY LOCAL REG. APR 4 1956		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Henke 4911 Washington Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *M. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.