FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11920

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 717

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MANCHESTER
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Crest. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Maplewood 4534
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 7407 Richmond Pl.

3. NAME OF DECEASED (Type or Print)
a. (First): MADALENE
b. (Middle):
c. (Last): LOESCHE

4. DATE OF DEATH (Month) (Day) (Year): MARCH. 14. 1956

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: MARCH. 27. 1868

9. AGE (In years last birthday): 87
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): Invalid

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): MISSOURE.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Hy. LOESCHE

13b. MOTHER'S MAIDEN NAME: Louise Zinn

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Otto Loesche, above

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
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 4221

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1955 *to* March 14, 1956 *that I last saw the deceased alive on* March 2, 1956, *and that death occurred at* 5:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Jensen M.D.

23b. ADDRESS: 2850 Oakland Maplewood Mo.

23c. DATE SIGNED: 3/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3-15-1956

24c. NAME OF CEMETERY OR CREMATORY: Owensville

24d. LOCATION (City, town, or county) (State): Owensville, Mo.

DATE REC'D BY LOCAL REG.: 3-16-56

REGISTRAR'S SIGNATURE: Herbert R. Lambe MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gottenstroeter F. Home, Owensville, Mo.

(Licensed Embalmer) (See Statement on Reverse Side)

MAR 30 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....H. Burgess.....

Licensed Embalmer No..

P. O. Address Mapl

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