

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15022**

FILED APR 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **979**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY OR TOWN <b>CLAYTON</b>	c. LENGTH OF STAY (in this place) <b>1 1/2 yrs</b>	c. CITY OR TOWN <b>PINE LAWN</b>	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 <b>ST. LOUIS COUNTY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2822 COLONIAL</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b> b. (Middle) <b>G.</b> c. (Last) <b>LOEHRER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 12, 1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>NOV. 8, 1907</b>	9. AGE (In years last birthday) <b>48</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>GATEMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>HY. LOEHRER</b>	13b. MOTHER'S MAIDEN NAME <b>BRIDGET FAGAN</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR II</b>	16. SOCIAL SECURITY NO. <b>412-09-2898</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARGARET NAEGER 2822 COLONIAL</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>none.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Infarction</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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) <b>Trauma</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
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 **Sept 1950**, to **4-12, 1956**, that I last saw the deceased alive on **4-3, 1956**, and that death occurred at **3 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John J. Lynch M.D.</b>	23b. ADDRESS <b>8321 N. Broadway</b>	23c. DATE SIGNED <b>4-13-56</b>
24a. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24b. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>4-14-56</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Dombrowski</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT CARROLL 4600 NATURAL BRIDGE</b>
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

DR L.F. WEYBACH  
8321 No. BROADWAY  
CO. 1-7600

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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 *M. W. Rueter*.....

Licensed Embalmer No. *486*

P. O. Address *St Louis*.....

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