

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43437

FILED DEC 27 1956

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11475

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3942 Arsenal</u>			Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>216 3942 Arsenal</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Peter</u> Middle <u>Loesch</u> Last <u>Loesch</u>				4. DATE OF DEATH Month <u>12</u> Day <u>12</u> Year <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>7/6/1888</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>self retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, state or country) <u>St. Louis, Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>John Loesch</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Fogarty</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>498-26-9372</u>		17. INFORMANT <u>Mrs. H. M. Thorpe</u> Address <u>3942 Arsenal</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertension</u> DUE TO (b) <u>Neuphritis</u> DUE TO (c) <u>OK, John Loesch neuphritis 12/17/56</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>593X</u>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY. Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1954</u> to <u>12-12-56</u> and last saw her/him alive on <u>12-12-56</u> Death occurred at <u>3:05 PM. 12-12-56</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Frank J. Smith (Degree or title) M.D.</u>				22b. ADDRESS <u>4930 Lindell Blvd.</u>		22c. DATE SIGNED <u>12-14-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12/15/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
24. FUNERAL DIRECTOR <u>Jos. A. Howard</u> ADDRESS <u>1619 So. Grand</u>				25. DATE RECD. BY LOCAL REG. <u>DEC 14 1956</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

th, lfare lic vice
00 56

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 *Stanley H. Dixon*
Licensed Embalmer No. *41*
P. O. Address *H. 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.