

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

318

1003

State File No. \_\_\_\_\_  
Registrar's No. 851

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 851			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D1 4925 Arsenal				e. STREET ADDRESS (If rural, give location) 1169 3955 Miami					
3. NAME OF DECEASED (Type or Print) Karen J. Loeb			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1957		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH April 3, 1955	
9. AGE (In years last birthday) /		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and State or Foreign Country) / Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sidney Loeb			13b. MOTHER'S MAIDEN NAME Beverly Chadwell			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) no   none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sidney Loeb 3955 Miami St. Louis, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suffocation from the aspiration of an Aspirin Tablet; in Arroyo Lane at 4953 Arsenal Street</i>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>about 12:45 pm. on January 26, 1957</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E92214</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Living Room</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Louis Mo</i>		46 (COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1 26 57/20</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>46</i>					
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 <i>12:55 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE, (Name or title) <i>Patrick C. Taylor Carson</i>				23b. ADDRESS <i>1300 Clark</i>				23c. DATE SIGNED <i>1.28.57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-29-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>JAN 28 '57</i>		REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.</i>				

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 *David Charles Johnson*.....

Licensed Embalmer No. *4342*

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

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.