

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15551**

FILED APR 29 1957

BIRTH NO. 27589-57 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 922

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAYTON</u>		c. LENGTH OF STAY (in this place) <u>6 Hrs</u>	c. CITY OR TOWN <u>SHERMAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Co. Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>212 NORTH DRIVE</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) <u>Loeffel</u> c. (Last) <u>Loeffel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 6 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>5</u>	8. DATE OF BIRTH <u>4-5-57</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>ROBERT LOEFFEL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BOYER</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Loeffel, Sherman, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage and Atelectasis</u>	ANTECEDENT CAUSES <u>Prematurity.</u>				<u>6 hours</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____				
	DUE TO (c) _____				
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7605</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4-6, 1957, to 4-6, 1957, that I last saw the deceased alive on 4-6, 1957, and that death occurred at 2:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. M. Layman</u>		23b. ADDRESS <u>601 S. Brentwood</u>		23c. DATE SIGNED <u>4-6-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-7-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CASE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SHERMAN, MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-7-57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Rombo MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schneider Funeral Home, Ballwin Mo.</u>		

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 Not embalmed Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Bopp _____

Licensed Embalmer No. 4584

P. O. Address Baltimore Md

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.