

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26320

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registration No. **6500**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>St. Louis</b> TOWN		c. CITY OR TOWN <b>BARTELSO</b> <b>912<sup>0</sup>8</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CARDINAL GLENNAN</b>		Length of stay in lb <b>1 DAY</b>	
3. NAME OF DECEASED (Type or print) <b>GARY</b> First <b>STEVEN</b> Middle <b>LOEPKER</b> Last		4. DATE OF DEATH <b>7 - 12 - 57</b> Month Day Year	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 28-1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		100. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Breese, Ill.</b>
13. FATHER'S NAME <b>Bernard Loepker</b>		14. MOTHER'S MAIDEN NAME <b>Mildred S. Grove</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Bernard Loepker Bartelso, Ill.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CENTRAL RESPIRATORY FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Anoxia</b> DUE TO (c) <b>Congenital Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>4 Mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>(INTERVENTRICULAR + INTERAURICULAR SEPTAL DEFECTS)</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 a. m. p. m. <b>754.2</b>			
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 <b>5/26/57</b> to <b>7/12/57</b> and last saw <del>him</del> <b>him</b> alive on <b>7/12/57</b> Death occurred at <b>10<sup>05</sup></b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John B. Summers, M.D.</b> (Degree or title)		22b. ADDRESS <b>1465 So. Grand</b>	22c. DATE SIGNED <b>7/12/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-12-1957</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Carlyle, Ill.</b>
24. FUNERAL DIRECTOR ADDRESS <b>John J. Kassly F. Home, East St. Louis, Ill.</b>		25. DATE ISSUED BY LOCAL REG. <b>JUL 12 1957</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>20.</b>

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 John J. Kealy  
Licensed Embalmer No. 68

P. O. Address .....

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.