

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029473

STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 162 Primary Registration District No. 5084 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN RURAL-MERAMEC	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN U. CITY 4016	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.		Length of stay in lb 10 DAYS	d. STREET ADDRESS (If outside, give location) 7278 NORTH MOORE

3. NAME OF DECEASED (Type or print) First CHARLES Middle G. Last LOIRE			4. DATE OF DEATH Month August Day 12 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 8, 1884		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 74)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY INTERIOR DECORATING	11. BIRTHPLACE (City and state or country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME HENRY E. LOIRE		13b. FATHER'S NAME OF WIFE!!! JOSEPHINE GARTHOEFFNER		14. NAME OF HUSBAND OR WIFE JENNIE WERNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-01-4295A		17. INFORMANT BRO. ROCH, ST. JOSEPH'S HILL INFIRMARY	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CEREBRAL ARTERIOSCLEROTIC		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARDIO-VASCULAR DISEASE	
	DUE TO (c) 4221	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 AUGUST 2, 1958 to AUGUST 12, 1958 and last saw him alive on AUGUST 12, 1958 Death occurred at 8/12/58 6:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) J. L. Marder M.D.	22b. ADDRESS St. Joseph's Hill Infirmary	22c. DATE SIGNED 8/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/17/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	23d. LOCATION (City, town, or county) (State) 4228th Kingsway St. Louis
24. FUNERAL DIRECTOR Kreepfous St. Louis Mo.	25. DATE RECD. BY LOCAL REG. 8-14-58	26. REGISTRAR'S SIGNATURE Robert E. Bauer	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 9 1958

OCT 1 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 27 1958

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 *Edwin A. M. Acers*

Licensed Embalmer No. 3024
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.