

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019393
STATE FILE NUMBER
Registration No. **2 4825**

FILED JUN 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i>		Length of stay in 1b <i>DOA</i>		d. STREET ADDRESS (If outside, give location) <i>3002 WATSON</i>	
3. NAME OF DECEASED, (Type or print): First <i>IRENE</i> Middle <i>J</i> Last <i>LOEBLEIN</i>			4. DATE OF DEATH Month <i>MAY</i> Day <i>17</i> Year <i>1959</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>OCT 29, 1896</i>	9. AGE (In years last birthday) <i>62</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	
13a. FATHER'S NAME <i>GEORGE BERKERICH</i>		13b. MOTHER'S MAIDEN NAME <i>MARY SANDERS</i>		14. NAME OF HUSBAND OR WIFE <i>DECEASED</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>EUGENE HENRY 3161 ROGER PL.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subarachnoid and Subdural Hemorrhage.</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered in fall in bath</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>Slipped stepping head on tub in home pu ar about</i>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <i>5 17 59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>037 Home</i>		20e. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	
20f. COUNTY <i>Mo</i>		20g. STATE		20h. ZIP CODE <i>904-021</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>1202 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Patrick Taylor Conrad</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5.18.59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>5/21/1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>SUNSET BURIAL PARK</i>	
23d. LOCATION (City, town, or county) <i>AFFTON, Mo.</i>		23e. STATE <i>Mo.</i>		23f. ZIP CODE	
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 18 '59</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MB

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 *Donald E Benz*

Licensed Embalmer No. *4863*

P. O. Address *7027 Gravo*

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.