RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030587

FILED VS AUG 27 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7555 STATE FILE NUMBER

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: Life

c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4005 S. Grand
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 4005 S. Grand
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DR. HAROLD Middle: HENRY Last: LOEFFLER

4. DATE OF DEATH Month: Aug. Day: 12, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-23-1898

9. AGE (last birthday): 60

IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentistry

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Gustave Loeffler

13b. MOTHER'S MAIDEN NAME: Rose Klein

14. NAME OF HUSBAND OR WIFE: Maebelle Loeffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW # 1

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT: Maebelle Loeffler, Address: 4005 S. Grand.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): 420.1

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 7-10-50, to 8-12-59 and last saw him alive on 8-11-59
Death occurred at 11 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew G. Klein, M.D.

22b. ADDRESS: 4632 So. Grand Blvd

22c. DATE SIGNED: 8-14-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 8-15-59

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: McLaughlin Funeral Home, Inc.
ADDRESS: 2301 Lafayette, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: AUG 14 '59

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr KLEIN
4632 S. GRAND
FL 39220.
PR 6-2475

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 45

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.