

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012890

FILED VS APR 4 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 2 2815 STATE FILE NUMBER

ENDED

St. Louis DOCUMENT Child's Birth Record #4703.-27

1. PLACE OF DEATH a. COUNTY			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, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Lemay.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Anthony Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>408 Walworth Dr.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>S.</u> Last <u>Loeb.</u>			4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/14/1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>
IF UNDER 24 HR Hours <u>11</u> Min. <u>37</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret.</u>	11. BIRTHPLACE (City and state or country) <u>Nebraska</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>Unk. Skinner</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Max Loeb.</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT <u>Lemay Mo.</u> Address <u>Sidney Loeb 408 Walworth Dr.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
DUE TO (b) _____					DUE TO (c) <u>420.0F</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(1) FRACTURED HIP (2) DIABETES MELLITUS (3) Senile Embrysema</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>fell on sidewalk in 500 block of Owen Place</u>		
20c. TIME OF INJURY Hour <u>7</u> a.m. <u>2-17-60</u>					
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.) <u>01 street</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		COUNTY <u>mo.</u> STATE
21. I attended the deceased from <u>4/7/57</u> to <u>3/8/60</u> and last saw him alive on <u>3/8/60</u>			Death occurred at <u>8:10 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Charles B. Ladd M.D.</u>			22b. ADDRESS <u>7430 VIRGINIA AVE</u>		22c. DATE SIGNED <u>3/9/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-11-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home, 6322 S. Grand Blvd. St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 10 1960</u>	26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>		

**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 David Van Tasson

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

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