SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-011177
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3360

FILED APR 14 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Hazelwood~~ St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo
Length of stay in 1b
c. CITY OR TOWN Hazelwood
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5741 Fee Fee Road
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: Last: Loddeke
4. DATE OF DEATH Month: 4 Day: 8 Year: 61

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH (6) 24 1892
9. AGE (last birthday) 68
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) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Loeddke
13b. MOTHER'S MAIDEN NAME Kuppershmidt
14. NAME OF HUSBAND OR WIFE Late Henry Loddeke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Alphonse Litteken 5741 Fee Fee Road

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of Rt Breast	36 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized metastatic Carcinomatosis	2 1 mo
DUE TO (c)	Bronchial Pneumonia	5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170 X

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 8-24-59, to 4-8-61 and last saw her/him alive on 4-8-61
Death occurred at 6.30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maurice A. Deihr MD
22b. ADDRESS 9385 Page Blvd St. Louis, 14 Mo
22c. DATE SIGNED 4/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-11-1961
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Collier ADDRESS 10123 St. Charles
25. DATE RECD. BY LOCAL REG. APR 10 1961
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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_____ Signed Sheldon Collier

Signature of Student Embalmer

Licensed Embalmer No. 3382

P. O. Address: St. Ann

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.