

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031363
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2225

FILED AUG 28 1961

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>DQA</u>	c. CITY OR TOWN <u>Belleville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>715 So. Church</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>J.</u> Last <u>Loehr</u>			4. DATE OF DEATH Month <u>August</u> Day <u>4</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/27/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive Secretary - Joint Council Teamsters #65</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Belleville, Ill.</u>	9. AGE (last birthday) <u>57</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>John Loehr</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fiedler</u>	14. NAME OF HUSBAND OR WIFE <u>Theodora</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>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT Address <u>Theodora Loehr, Belleville, Ill.</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>Multiple severe traumatic injuries</u>			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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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"/> <u>Open Verdict</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Passenger involved in 2 car collision</u>	
20c. TIME OF INJURY Hour <u>10:15</u> p.m. Month, Day, Year <u>8/4/61</u> <u>Approximately</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:12 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Raymond J. Hand</u> Coroner		22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>8/8/61</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake View Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Gaerdner Funeral Home, Belleville, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>8-7-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Wm. Embalmers
Lawrence & Meyer
Licensed Embalmer No. _____
P. O. Address _____

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.