

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-038891

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9598 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN St. Ferdinand Twp Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 12465 Old Hallsferry Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First ARTHUR Middle H. Last LOESING
4. DATE OF DEATH Month October Day 15th Year 1961

5. SEX male **6. COLOR OR RACE** white **7. Married** **Never Married**
8. DATE OF BIRTH 1/29/87 **9. AGE (last birthday)** 74 **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) retired salesman **10b. KIND OF BUSINESS OR INDUSTRY** Real Estate **11. BIRTHPLACE** (City and state or country) St. Louis Co., Mo. **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME Henry Loesing **13b. MOTHER'S MAIDEN NAME** Anna Kummer **14. NAME OF HUSBAND OR WIFE** Emma Loesing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT** Emma Loesing, 12465 Old Hallsferry Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of neck INTERVAL BETWEEN ONSET AND DEATH 6 mo
 DUE TO (b) Carcinoma of Bladder over 10 years
 DUE TO (c) 1913

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Progressive Compression of Airway
 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 September 9, 1958 to Oct 15, 1961 and last saw her/him alive on Oct 13, 1961
 Death occurred at 8:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Arthur H. Loesing, M.D. **22b. ADDRESS** 607 N. Grand Ave., St. Louis **22c. DATE SIGNED** Oct 17 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) removed **23b. DATE** 10/19/61 **23c. NAME OF CEMETERY OR CREMATORY** Salem Ev. Lutheran Cemetery **23d. LOCATION** (City, town, or county) St. Louis Co., Mo. (State) _____

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry **ADDRESS** _____ **25. DATE RECD. BY LOCAL REG.** OCT 17 1961 **26. REGISTRAR'S SIGNATURE** Loan Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

THE DEATH SHOULD BE MADE

200-30-2225

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

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.