

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12118

ED MAR 27 1944

State File No. _____
Registrar's No. 722

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 804 Regina
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Loethen, Cecil
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22
year 1944 hour 1:05 minute A M.
21. I hereby certify that I attended the deceased from
3-21-44, 19, to 3-22-44, 19,
that I last saw him alive on 3-22-44, 19,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bessie Loethen
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 5, 1905
(Month) (Day) (Year)

Immediate cause of death
Epilepsy
Duration 20 yrs.

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Electrician

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Bals Loethen
13. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Cain
15. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Loethen
(b) Address Jefferson City, Mo.
17. (a) Burial (b) Date thereof 3-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) _____

(c) Place: burial or cremation Centertown, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 23 1944 (b) E. J. Mc Gowan
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury 0
23. Signature J. A. Wilson (M. D. or other) M.D.
Address 601 S. Brentwood Date signed 3-22-44

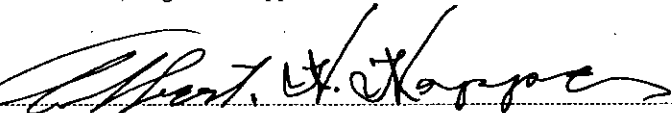
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

707

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 1861.....

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 this body is not embalmed, fact should be so stated above.