

FILED AUG 13 1948

Registration District No. 27

Primary Registration District No. 2002

Registrar's No. 4600

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 6926 Kingsbury  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6926 Kingsbury  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNESTINE W. LOEB

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unk - 4  
(Month) Apr (Day) 17 (Year) 1875

8. AGE: 73 Years ab. 74 Months 33 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Joseph Weil

13. Birthplace Alsace - Lorraine  
(City, town, or county) (State or foreign country)

14. Maiden name Rosalie Lang

15. Birthplace Alsace-Lorraine  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Stanley Loeb

(b) Address 6926 Kingsbury

17. (a) Burial (b) Date thereof 8/1/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) 2-31-48 (b) Paul G. Huppert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1948 hour 110 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 11, 1947, to July 29, 1948;  
that I last saw her alive on July 29, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema 6 hours  
" myocardial insufficiency 6 hours  
Due to Chronic coronary atherosclerosis  
Cerebral arteriosclerosis  
Premortem apoplexy 8 mo  
Diabetes mellitus 15 yrs

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: 61

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Jerome C. Cook (M. D. or other) \_\_\_\_\_  
Address 508 N. Grand Date signed 7/29/48

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

MOTHER-FATHER

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed *Lewis D Ludwig*

Licensed Embalmer No. *4229 - 7*

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.**