

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-003360

STATE FILE NUMBER

VS JAN 16 1961  
AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

53

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>ILLINOIS</b> COUNTY <b>MONROE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>4 Days</b>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>ROAD DIST.#6</b>	
3. NAME OF DECEASED (Type or print) First <b>DELORES</b> Middle <b>MAE</b> Last <b>LOEHR</b>			4. DATE OF DEATH Month <b>1</b> Day <b>1</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/24/45</b>	9. AGE (last birthday) IF UNDER 1 YEAR: Months <b>5</b> Days <b>7</b> IF UNDER 24 HR: Hours <b>7</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME + STUDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>WATERLOO, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>EMIL LOEHR</b>		13b. MOTHER'S MAIDEN NAME <b>MELBA HOELSCHER</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Melba Loehr WATERLOO, ILLINOIS</b>		
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) <b>UREMIA</b>					<b>3 years</b>
DUE TO (b) <b>Chronic Pyelonephritis</b>					<b>10 years</b>
DUE TO (c) <b>600.0</b>					
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>April 24, 1960</b> , to <b>January 1, 1961</b> and last saw her <sup>her</sup> <sub>her</sub> alive on <b>January 1, 1961</b> Death occurred at <b>12:30 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>E. Vermillion, M.D.</i>			22b. ADDRESS <b>BARNES HOSPITAL</b> M. D.		22c. DATE SIGNED <b>1/1/61</b>
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <b>1/4/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ZOLMER MEMORIAL</b>		23d. LOCATION (City, town, or county) (State) <b>WATERLOO ILLINOIS</b>	
24. FUNERAL DIRECTOR <b>EMIL QUERNHEIM</b>		ADDRESS <b>WATERLOO, ILL.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 4 1961</b>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1937-1938

**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 Frank Prohopp

Licensed Embalmer No. 4356

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.