MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14884

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 15151

Township ..... Primary Registration District No. 1003 Registered No. 4075

City St. Louis, Mo. (No. 4931 Wiesehan Av. St. ..... Ward)

2. FULL NAME Mary E. Lofters

(a) Residence. No. 4931 Wiesehan St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~, ~~HUSBAND OF~~ (OR) WIFE OF Thomas Lofters

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17, 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	2	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Edinburgh
(STATE OR COUNTRY) Scotland

PARENTS

10. NAME OF FATHER John Garrety

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Molone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Cecy Denny
(Address) 4931 Wiesehan Av.

15. FILED 13 1928 Mary C. Sorkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1928, to April 11, 1928 that I last saw her alive on April 7, 1928, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy, Cerebral Hemorrhage

82A 74W1

97 (duration) yrs. 3 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

? (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) G. H. Loewenstein, M. D.

4/12/, 1928 (Address) Wall Bldg. St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: 4/14/ 1928

20. UNDERTAKER: Bergesch Und. Co. 3661

ADDRESS: Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

H. M. Loewenstein