WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

19169

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis, Mo (No. 3914 S. Compton St. ..... Ward)

File No. .....

Registered No. 5591

2. FULL NAME Rose Etta Loosley

(a) Residence. No. 3914 S. Compton St., 16 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): single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7th 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	9	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House-keeper

(b) General nature of industry, business, or establishment in which employed (or employer): At home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Moberly, Mo

PARENTS

10. NAME OF FATHER: Arthur W. Loosley

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

12. MAIDEN NAME OF MOTHER: Mary Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): De Soto, Mo

14. INFORMANT: Mrs Earl McKinley
(Address) 3914 S. Compton

15. FILED MAY 23 1923, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-21-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1927, to May 21st, 1928, that I last saw her alive on May 21, 1928, and that death occurred, on the date stated above, at 7.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anemia

7 1 1

5 8 B 2

(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chlorosis

(duration) 20 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? home

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Albert A Gebhardt, M. D

5-22, 1928 (Address) 3438 Chippewa

*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: Moberly, Mo

DATE OF BURIAL: 5-23 1928

20. UNDERTAKER: Peetz Bros. 3029 Lafayette

ADDRESS

get Permit
Tonight

1-3

p m
today