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

Do not use this space.

8665

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2337

City ..... (No. Alexian Bros. Hospital St. ..... Ward)

2. FULL NAME John L. Loyet.

(a) Residence. No. 6906 Bruno Ave St., 4 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	9	27	

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Loyet Grocer Co.

9. BIRTHPLACE (CITY OR TOWN) Black Jack
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John Loyet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Frank A. Loyet
(Address) 6906 Bruno Ave

15. FILED FEB 20 1929 Max C. Starkey REGISTRAR

165 2 31 31

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/19 1929

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ Dec 1, 1928, to Feb 19, 1929 that I last saw him alive on Feb 18, 1929, and that death occurred, on the date stated above, at 1:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Myocarditis
93C Sclerotic
97
..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
..... (duration) 3 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? Lab

(Signed) E. O. Beddy, M. D.
2/19, 1929 (Address) Alex Bros

*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	DATE OF BURIAL
S. S. Peter and Paul	Feby 21st 1929

20. UNDERTAKER	ADDRESS
Wm J. Robert Inc	1905 S. Grand Blvd

N. ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUS... ATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.