WRITE 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.

17967

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 5115

City St Louis Mo (No. 4237 Aubert Ave St. ..... Ward)

2. FULL NAME John Loughlin

(a) Residence. No. 4237 Aubert Ave St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	5	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoemekxer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Boyd Walsh Shoe Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Massachusetts

PARENTS

10. NAME OF FATHER John Laughlin

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

12. MAIDEN NAME OF MOTHER Mary Hall

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

14. INFORMANT Jennie Loughlin
(Address) 4237 Aubert

15. FILED MAY 26 1930, 19 Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1930 19

17. I HEREBY CERTIFY, That I attended deceased from March 15th, 1930, to May 24th, 1930 that I last saw him alive on May 23rd, 1930 and that death occurred, on the date stated above, at 6:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute myocarditis with anasarca (Dropsy)

93A

162 (duration) ..... yrs. 2 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Senility

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. W. Francis, M.D.

5/24/1930 (Address) 3505 N. Grand

*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
New Bethlehem	May 26 1930 19

20. UNDERTAKER	ADDRESS
Theo. H. Beiderwieden	1936 St Louis