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.

7393

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 2908 Accomac St. ..... Ward)

File No. .....

Registered No. 1709

2. FULL NAME Lincoln K. Loy

(a) Residence. No. 2908 Accomac St., 23 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 Elizabeth Loy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Proprietor 67
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Loy-Lange Box Co

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER John Loy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England 8
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kate Kerwin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland 15
(STATE OR COUNTRY)

14. INFORMANT S. Knight Loy
(Address) 25 Cromaray Rd Sol Co

15. FILED FEB 10 1931 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5th, 1931, to Feb. 7, 1931, that I last saw him alive on Feb. 7, 1931, and that death occurred, on the date stated above, at 7 40 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes. Mellitus
59
95 C
99 (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Myocardial degeneration
Arteriosclerosis. (duration) 1 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? —
(Signed) Frank J. Krebs, M. D.
Feb. 9, 1931 (Address) 3500 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
Bellefontaine	Feb 10 1931
20. UNDERTAKER Wacker Helderle	ADDRESS 2331 S Bdwy