

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.

NOV 28 1931

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

Do not use this space.

35678

1. PLACE OF DEATH

County St. Louis  
Township Richmond Heights  
City Richmond Heights

Registration District No. 1170  
Primary Registration District No. 6248H  
7410 Arlington Drive

File No. \_\_\_\_\_  
Registered No. 249  
St. \_\_\_\_\_ (Ward)

2. FULL NAME

Eliza Loing

(a) Residence, No. 7410 Arlington Drive St. \_\_\_\_\_ 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 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) May 3, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Ill.

MOTHER 13. NAME Walter Loing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER 15. MAIDEN NAME Orpha Curtis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, Ontario, Canada.

17. INFORMANT (ADDRESS) Mrs O. A. Sausch  
7410 Arlington Drive.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belvidere, Ill. DATE 10-26 1931

19. UNDERTAKER (ADDRESS) Wagner  
4356 Lindell Blvd.

20. FILED 10/25 1931 E. L. Jensen Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1931

22. I HEREBY CERTIFY That I attended deceased from July 24 1931 to Oct 24 1931  
I last saw him alive on Oct 23 1931. Death is said to have occurred on the date stated above, at 9:05 a.m.  
The principal cause of death and related causes of importance were as follows:

Perinephritic Abscess Date of onset July 20  
133A  
126  
152 / 33  
Other contributory causes of importance: Cholelithiasis

Abscess ruptured spontaneously  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) William Kern M. D.  
(Address) 3661 Lafayette Ave

