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.

FEB 27 1934

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

Do not use this space.

File No. 2886

Registered No. 528

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis 500 S. Kingshighway St Louis Children's Hospital (Ward)

2. FULL NAME Edward Loch

(a) Residence, No. 3137 Chippewa St., 16 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: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Child.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-28-26

7. AGE: Years 7 | Months 3 | Days 17. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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): St Louis Mo

FATHER

13. NAME: Matthew Loch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Anna Ries

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT: J. McDevin
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Park DATE Jan 17, 1934

19. UNDERTAKER: Thos Curtis
(ADDRESS) 2906 Gravois Ave

20. FILED ....., 19.. J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-29-33, 19.., to 1-15-34, 19..

I last saw him alive on 1-15-34, 19.. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, streptococcal, generalized	Jan 10
Otitis Media, acute, suppurative	3 weeks
Other contributory causes of importance: Measles	Jan 7

Name of operation Laminectomy Date of Jan 10

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

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) Ian S. Comer, M. D.
(Address) Barnes Hospital St Louis, Mo