

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.

SEP 16 1935

27687

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 4934 Lansdowne) St. Ward)

File No.
Registered No. **6731**
St. Ward)

2. FULL NAME

(a) Residence, No. Joseph A Loftis St. 14 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loftis Mfg. & Co.
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) Ohio

13. NAME Wm. Loftis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Sarah Kearney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Anna Loftis (ADDRESS) 4934 Lansdowne

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Aug 8 1935

19. UNDERTAKER Arthur W. ... (ADDRESS) 3840 ...

20. FILED 1935 19 11 W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Aug 5 1935

I last saw him alive on July 26 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Coronary occlusion Date of onset

Other contributory causes of importance: arterio-sclerosis chronic myocarditis

Name of operation Date of

What test confirmed diagnosis? 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? No
If so, specify

(Signed) Carl Althaus M. D.
(Address) 3248 Lafayette Ave

Dir Althaus

3248 Lafayette St

9th