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.

AUG 18 1936

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

Do not use this space.

791

1003

29090

File No.

Registered No. 78652

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Missouri (No. City Hospital No. 1 St. Ward)

B. 5271

2. FULL NAME John Loos

(a) Residence, No. Erie House St., 25 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? Unknown

7. AGE: 64 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis, Missouri

FATHER

13. NAME John M. Loos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace- Lorraine

MOTHER

15. MAIDEN NAME Margaret Boehmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace -Lorraine

17. INFORMANT (ADDRESS) Hosp. Info. H. H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cem. DATE July 27, 1936

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED ....., 19.... J. Biedeck Registrar.

JUL 24 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/11/36, 19.... to 7/24/36, 19.... I last saw him alive on 7/24/36, 19.... Death is said to have occurred on the date stated above, at 3.00 m. A

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

Date of onset

Lung Abscess Rt Lung
Empyema - Rt Lung
Cause of abscess Unknown
non TB Non Traumatic

Other contributory causes of importance:

Arteriosclerosis
Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Charles F. Farrington, M. D.

(Address) City Hospital H