FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No. 2995

Township Central — Primary Registration District No. 6033 — Registered No. 37

City Wellston (No. 6314 Elm Ave., St. ..... Ward)

2. FULL NAME Loretto Josias

(a) Residence, No. 6314 Elm Ave., St., ... 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: Female
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 Rodert A. Josias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1886

7. AGE: YEARS 50 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME George P. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Catherian Shiridan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Rodert A. Josias 6314 Elm Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Feb. 1, 1937

19. UNDERTAKER (ADDRESS) Jos. W. Clark. 1125 Hodiamont Ave.,

20. FILED 1-30, 1937 S. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1936, to Jan. 28, 1937. I last saw her alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 12.05 P.M.

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

	Date of onset
Apoplexy	1/26/37 2 days
Other contributory causes of importance:	
Hypertension	1934

Name of operation None Date of

What test confirmed diagnosis? All Clinical 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? No
If so, specify

(Signed) [signature], M. D.
(Address) 833 Missouri Theatre Bldg.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 1 100M-3-28-35

Dr. Anthony Brennan
Mo. Thr. Bldg.
I-3 P.M.
Franklin 5080