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

Do not use this space.

JUN 12 1937

File No. 18233

Registered No. 4809

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, (No. #5032 Waterman Ave St. ..... Ward)

2. FULL NAME Hannibal A. Loery.

(a) Residence, No. #5032 Waterman, St. Ave Ward. 12
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male.	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13 - 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81.	4.	27.	

OCCUPATION

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

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

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 Adolph Loery.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prague, Czecho Slovakia.

MOTHER

15. MAIDEN NAME Caroline Boehm.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho Slovakia

17. INFORMANT Mrs Caroline W. Loery
(ADDRESS) #5032 Waterman, Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy, Ill. DATE April 10, - 37

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) #4449 Olive Street.

20. FILED MAY 11 1937 J. P. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1925, to Apr 9, 1937

I last saw him alive on Apr 9, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
Chronic nephritis	
High Blood Pressure	1925

Other contributory causes of importance: Myocarditis Chronic

Name of operation none Date of .....

What test confirmed diagnosis? Phys. Sy. 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? none

If so, specify .....

(Signed) J. S. Homan, M. D.

(Address) 5602 Delmar ave

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.

12 - 2.
Ro. #1323.

5652 Eng. Lt Co. Cobb.