

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

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.

1930 APR 11 1930

685

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

Do not use this space.

10147

1. PLACE OF DEATH

County Buchanan  
Township Washington  
City St. Joseph, Mo.

Registration District No. 85  
Primary Registration District No. 1000  
(No. St. Hospital # 2)

File No. \_\_\_\_\_  
Registered No. 305  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Edward Loch (EDWARD LOCH)

(a) Residence, No. St. Hospital # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Concordia, Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18, 1894</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS THAN 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>fireman</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1930

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1930 to Mar. 22, 1930. I last saw him alive on Mar. 22, 1930. Death is said to have occurred on the date stated above, at 12:30 P.M.. The principal cause of death and related causes of importance were as follows:  
chem. paralysis of the viscera (syphilis of the C.N.S.) Date of onset 1932

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? 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) L. J. O'Connell M. D.  
(Address) St. Joseph

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

13. NAME Nicholas Loch

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

15. MAIDEN NAME Mary Johnson

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

17. INFORMANT (ADDRESS) J. H. Loch

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia, Mo DATE Mar 24, 1930

19. UNDERTAKER (ADDRESS) Steamer Son

20. FILED 3/22 1930 W. J. O'Connell Registrar

I hereby certify that the leaf on  
the reverse side of this sheet was  
submitted by myself

~~John C. Rupp~~

L.E.# 3986