

JAN 12 1940

791  
1003

Registration District No.

Primary Registration District No.

Registrar's No. 11173

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME MELVIN HENRY LOAR 608

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Ollie Loar 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased 2 14 1869  
(Month) (Day) (Year)8. AGE: Years 70 Months 10 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min9. Birthplace AIT Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Minister

11. Industry or business \_\_\_\_\_

12. Name Joseph Loar13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Unknown Stair15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ollie Stair(b) Address Carbondale Ill17. (a) Removal (b) Date thereof 12-21-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carbondale Ill18. (a) Signature of funeral director Carbondale Funeral Home(b) Address Carbondale Ill19. (a) DEC 29 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Carbondale NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1939 hour 6:46 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from December  
1, 1939, to December 20, 1939;  
that I last saw him alive on December 20, 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death CEREBRAL EMBOLUS Duration \_\_\_\_\_Due to MURAL THROMBUSDue to CORONARY THROMBOSISOther conditions ARTERIO SCLEROTIC HEART DISEASE  
(Include pregnancy within 9 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury 123. Signature Wm. H. ... (M. D. or other) MDAddress BARNES HOSPITAL Date signed 12-20-39

Gilford  
FL 0088

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address Othello, N

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.