

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
 Form 1 X-1811

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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

16473

State File No. \_\_\_\_\_

Registrar's No. **3951**

Registration District No. **7911**

Primary Registration District No. \_\_\_\_\_

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 7 WEEKS  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6051 McPherson  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
 year 1940 hour 2<sup>30</sup> minute 0 M.  
 21. I hereby certify that I attended the deceased from March  
13, 1940, to May 2, 1940  
 that I last saw her alive on May 2, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Intestinal obstruction  
 Due to Duodenitis?  
 Due to \_\_\_\_\_  
 Other conditions? of malignancy of S. I tract.  
 (Include pregnancy within 9 months of death)  
primary site unknown  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Jennie Loire (b) \_\_\_\_\_  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Late Henry E. Loire 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 8th 1862  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Charles Werner  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dee Loire  
 (b) Address 6151 Mc Pherson Ave

17. (a) Burial (b) Date thereof 5-4-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary  
 (b) Address 4228 So. Kingshighway

19. (a) MAY 2 1940 (b) \_\_\_\_\_  
 (Data received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature A. M. Anderson (M. D. or other) \_\_\_\_\_  
 Address BARNES HOSPITAL Date signed \_\_\_\_\_

*Handwritten signature*

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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 *Rexahelil K. Lohman*  
Licensed Embalmer No. *3395*  
P. O. Address.....

**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.**