

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

(a) City, town, or village **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **323a N. Grand Blvd.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **19**  
(d) Street No. **323a N. Grand Blvd.** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Katie Loftus**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: **December 25 1854**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**85 10 19** hr. \_\_\_\_\_ min.

9. Birthplace: **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeper**

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

MOTHER FATHER { 12. Name **Patriek Loftus**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary D.P.**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank Hackmann**  
(b) Address **5420 Maple Ave.**

17. (a) Burial (b) Date thereof **11-15-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**  
(b) Address **1710 N. Grand Blvd.**

19. (a) **NOV 14 1940** (b) **J. B. Brudach**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **13**  
year **1940** hour **3** minute **0** P. M.

21. I hereby certify that I attended the deceased from **20th Day**  
**September 1940**, to **Nov. 13**, 19**40**,  
that I last saw her alive on **Nov 13**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction**  
Due to: **Myocardial Infarction**  
Due to: **Chronic**  
Other conditions: **Acute Coronary**  
(Include pregnancy within 3 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) (e) Means of injury \_\_\_\_\_

23. Signature **Dr. Daniel Harris M.D.** (M.D. or other)  
Address **Title 9th Street, Bldg** Date signed **11/14/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*Fred Frick*

.....  
Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

**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.**