

Registration District No. **7911** Primary Registration District No. **1003**

FILED DEC 17 1940

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
In this community 50 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis **26**
(If outside city or town limits, write "RURAL")
(d) Street No. 912 Salisbury Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1940 hour 1 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov. 11
1940 to Nov. 16, 1940
that I last saw her alive on Nov. 15, 1940
and that death occurred on the date and hour stated above.

8. (a) PRINT FULL NAME Marie C. Loy

3. (b) If veteran, name war Nil 8. (c) Social Security No. Nil.

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

6. (b) Name of husband or wife Gottfried Loy 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 1, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 15 hr. min.

9. Birthplace Unk. Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife **7**

11. Industry or business Housework **7**

12. Name Emanuel Meyer **7**

13. Birthplace Switzerland **7**
(City, town, or county) (State or foreign country)

14. Maiden name Teresa Neffinger

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Gettfried Loy

(b) Address 912 Salisbury

17. (a) Burial (b) Date thereof 11/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Jud Meyer & Sons

(b) Address 3934 N. 20th St

19. (a) NOV 17 1940 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death:
A poplesy, Cerebral Hemorrhage
of Hemiplegia **6 days**
Due to Cardiovascular-renal **one year**
Disease

Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations **1/21**
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Nicholas Plym (M. D. or other)
Address 1105 Salisbury Date signed 11/16/40

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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie

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.