No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40874

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10645

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

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 3660 Pennsylvania (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert Joseph Loos

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

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 alive --- years

7. Birth date of deceased July 14, 1940 (Month) (Day) (Year)

8. AGE: Years -- Months 5 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Nil 0

11. Industry or business 0

MOTHER FATHER

12. Name Oliver Loos

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name Catherine Schless

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Oliver Loos

(b) Address 3660 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) DEC 28 1940 (Date received local registrar) (b) J. F. Brederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1940 hour 4 minute 50 a. M.

21. I hereby certify that I attended the deceased from 12-20, 1940, to 12-25, 1940, that I last saw him alive on 19-24-40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Bronchial Pneumonia Primary	5 day
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

1070

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Bernard Plock (M. D. or other)

Address 3527 Osage, St Louis, Mo Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Wyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.