

FILED MAR 24 1942 91

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County 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: Depaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6232 Plymouth Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 11.31 minute P.M.

21. I hereby certify that I attended the deceased from Jan 2 1942 to March 4 1942
that I last saw h. or alive on March 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: High State Lobar Pneumonia - Lobor
Due to Cardiac failure
Due to Coronary disease + Brain Hemorrhage
Other conditions None
(Include pregnancy, within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations None
Of autopsy None
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Margaret Loftus

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

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

6. (b) Name of husband or wife John Loftus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2, 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Michael O'Malley

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Keeley

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

16. (a) Informant Mrs. Annie Cronan

(b) Address 6238 Plymouth Ave.

17. (a) Burial (b) Date thereof Mar. 7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAR 6 1942 (b) J. F. Prudek
(Date received local release) (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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Sum J. Pully (M. D. or other) MD
Address 6238 Plymouth Ave Date signed _____

Dr. P.J. Reilly

70-2800

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 G. W. Wilkinson
Licensed Embalmer No. 3575
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, fact should be so stated above.