

FILED APR 19 1942

Primary Registration District No. 1003

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:  
5032 Waterman Ave.,  
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County..... 12. 000  
17  
19

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

(d) Street No. 5032 Waterman Ave.,  
(If rural, give location)

(e) Citizen of foreign country?..... no...... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... CAROLINE W. LOEVY.

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..... Widowed.

6. (b) Name of husband or wife..... Hannibal A. Loevy  
alive..... years

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... March 1, 1861.  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81.</u>	<u>1.</u>	<u>2.</u>	.....hr. ....min.

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

10. Usual occupation..... At Home.

11. Industry or business.....

MOTHER FATHER

12. Name..... John H. Williams.

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

14. Maiden name..... Rebecca Walton.

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

16. (a) Informant..... Annabel W. Loevy.

(b) Address..... 5032 Waterman Ave.

17. (a) Removal. (b) Date thereof..... 4/5/42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Quincy, Illinois.

18. (a) Signature of funeral director..... C. R. Lupton & Sons.

(b) Address..... #7233 Delmar Blvd.

19. (a) APR 3 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Apr..... day..... 3  
year..... 1942..... hour..... 8 AM..... minute..... M.

21. I hereby certify that I attended the deceased from..... Apr 2  
1942 to..... Apr 3/42..... 19.....  
that I last saw him alive on..... Apr 2/42..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cornary Thrombosis  
Chronic myocarditis

Due to.....

Due to.....

Other conditions..... 736  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 15

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..... J. S. Norman..... (M. D. or other)  
Address..... 4903 Delmar Ave..... Date signed..... Apr 3/42

Dr. J. S. Heiman.

4903 Delmar.

RO. 1323

12:30 - 2:00

JUL 1 1942

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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City, 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.