

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

**FILED FEB 9 1943**

Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **St. Louis, Missouri**  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Gietner Home, 5000 S. Bdwy.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 months**  
(Specify whether  
 In this community **Unknown**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis,** **17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3660 Botanical Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? **--** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Jane M. Loy**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

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

6. (b) Name of husband or wife **John Loy** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **May 19, 1854**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>88</b>	<b>8</b>	<b>11</b>	hr. min.

9. Birthplace **Cleveland, Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Philip Sheridan** **Ireland**

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

14. Maiden name **Mary McMahon**

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

16. (a) Informant **Thos. S. Loy**

(b) Address **3660 Botanical Ave.**

17. (a) **Burial** (b) Date thereof **2 2 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Thos. S. Loy**

(b) Address **3634 Gravois Avenue**

19. (a) **FEB 9 1943** (b) **J. J. Bredek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **January** day **30**  
 year **1943** hour **2** minute **35** P.M.

21. I hereby certify that I attended the deceased from **Dec. 5** to **Jan 30** 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chc. Mucosa Catitis**

Due to **Arterial hypertension**  
**Chc. Intestinal Mphritis**

Other conditions **1/2/1**  
(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 **L. O. Herchenröder** Means of injury.....  
(Specify type of place)

23. Signature **L. O. Herchenröder** (M.D. or other) **2/1/43**  
 Address **5000 S. Broadway** Date signed **2/1/43**

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**