

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Afton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6433 Calver
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 wk
years, months or days

3. (a) PRINT FULL NAME Elizabeth Loyo

3. (b) If veteran, name war ////////// 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife George Loyo 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov 1 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 16 hr. min.

9. Birthplace Webster Twsp Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Peter Rider

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

14. Maiden name Mary Fisher

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

16. (a) Informant George Loyo

(b) Address Overland Mo

17. (a) Burial (b) Date thereof oct 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Jackland Overland Mo

19. (a) OCT 18 1944 (b) E. J. McPherson M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3651 Rime
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 16
year 1944 hour _____ minute 1:37 P.M.

21. I hereby certify that I attended the deceased from Oct 18th 1944 to Oct 16th 1944
that I last saw her alive on Oct 16th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterial thrombosis Duration 1 day

Due to congestive cardiac failure 1 day

Due to hypertensive cardiac disease 2-3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A32 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 D. T. D. Playlock (Date or other) _____
Address 1415 3rd Liberty Date signed 10/16/44

JUN 28 1948

JUL 2 1948

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 Al C Ostmann

Licensed Embalmer No. 3478

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.