

FILED DEC 5 1944

318

Primary Registration District No. ....

1003

Registrar's No. 10098

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 weeks  
(Specify whether  
In this community 15 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7809-a South Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Ella Loos

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 Louis Loos 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased October 1 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business .....

12. Name Harvey Buckley  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Niefong  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine O'Dell  
(b) Address 7809-a S. Broadway, St. Louis, Mo.

17. (a) Burial (b) Date thereof Nov. 30, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mount Olive Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U. & L. CO.  
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) NOV 20 1944 (b) J. J. Bruckner  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1944 hour 6 minute 2 A.M.

21. I hereby certify that I attended the deceased from 11-5-44  
to 11-27-44  
that I last saw her alive on 11-26- 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix  
Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
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) .....

23. Signature [Signature] (M. D. or other) MD  
Address 3602 S. Broadway Date signed 11/27/44

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

MOTHER FATHER

NOV 28 1944

**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.....

*Harry J. Schumaker*

Licensed Embalmer No. ....

*2679*

P. O. Address.....

*787 Semmes*

**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.**