S. No. 2
M—8-13
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Russell Loos

State File No. 25900

FILED SEP 14 1945

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 7769

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2826a St. Louis Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 18 years 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") 70
(d) Street No. 2826a St. Louis Ave. 9 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Russell R. Loos
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced 15
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December (Month) 25th. (Day) 1906 (Year)

8. AGE: Years 38 | Months 8 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace Jackson (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Tumbler Operator
11. Industry or business Century Electric Co.

FATHER
12. Name Barney Loos
13. Birthplace Cape Girardeau, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Miller
15. Birthplace Wayne City Ill 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Barney R. Loos
(b) Address 2826a St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) SEP 5 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd. year 1945 hour 7:20 AM. minute ..... M.
21. I hereby certify that I attended the deceased from Aug. 31, 1945, to Sept 3, 1945 that I last saw him alive on Sept 2, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis, Aortitis
Due to Neurosyphilis
Due to
Other conditions (Include pregnancy within 3 months of death) 30 b

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. J. Vizard (M. D. or other)
Address 2801 N Grand Date signed 9/4/45

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald Fahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.