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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29195

FILED OCT 6 1945

Registration District No. 318 | Primary Registration District No. | Registrar's No. 8484

1003

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Saint Louis Maternity Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dassonville 37

(c) City or town Bland (If outside city or town limits, write "RURAL") 0

(d) Street No. N.R. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Infant Male Loomis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September 28, 1945 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 23½ hrs. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name Francis Loomis

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

MOTHER 14. Maiden name Marie Fiehter

15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Saint Louis Maternity

(b) Address 630 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Blair Mo

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

(b) Address Owensville Mo

19. (a) OCT 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 29 year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Sept 28, 1945, to Sept 29, 1945 that I last saw h. alive on Sept 29 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature F R Bradley (M. D. or other)

Address St. Louis Maternity Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Harold F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 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.**