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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

FILED DEC 29 1945

State File No. 42458

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2409

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 608 Carson Road (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 Mo. (b) County St. Louis 96
(c) City or town Ferguson, (If outside city or town limits, write "RURAL") 6
(d) Street No. 608 Carson Road (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Loughren Jr.
3. (b) If veteran, name war No
3. (c) Social Security No. 488-03-7347
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable Loughren Jr.
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased June 14, 1898. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	6	10	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business

FATHER
12. Name John Loughren
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mary Voorhis
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Mable Loughren
(b) Address 608 Carson Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27/45. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) 12-28-45 (Date received local registrar) (b) E.G. McLaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 17-Dec-, 1945, to 24-Dec, 1945 that I last saw him alive on 23-Dec, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY HEART DISEASE - CHRONIC ALCOHOLISM. Coronary Thrombosis

Due to 94

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Undetermined

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 W.O. Hughes (M. D. or other) M.D.
Address Ferguson Mo Date signed 12/24/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.O.Hughes,
Ferguson, Mo.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.