S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35998

FILED NOV 3 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9713

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

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: 3132 Lafayette 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 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")
(d) Street No. 3132 Lafayette Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 17
If yes, name country

3. (a) PRINT FULL NAME Louise Theresa Loftus
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas J Loftus Sr.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 17 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lucas Schottmueller
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Goebbels
15. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Thomas J. Loftus Sr.
(b) Address 3132 Lafayette Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave
19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1947 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from 6-20, 1947, to 10-19, 1947
that I last saw her alive on 10-17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 24 days

Due to degenerative arthritis and kidney disease — Chronic — Probably 6 mo.

Due to Bright disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Elwin [illegible] M.D. (M. D. or other)
Address 3251 Lafayette Date signed 10-19-47

Jefferson City Printing Co.

(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.....Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette 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.