

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39329
Registrar's No. 194

FILED DEC 6 1947

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 28 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL") 9
(d) Street No. 523 Lindenwood (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Mary R. Loonam

3. (b) If veteran, name war NIL 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased December 20 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 2 hr. 0 min.

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

10. Usual occupation Registered Nurse

11. Industry or business Nursing

12. Name Peter Loonam

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

14. Maiden name Sarah Jane Lammy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lovarne Loonam

(b) Address 523 Lindenwood-St. Charles, Mo.

17. (a) burial (b) Date thereof Nov 25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Grove Cemetery

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director H. D. Hallmeyer + Sons Co.

(b) Address 800-801 N. 2nd-St. Charles, Mo.

19. (a) 11/29/47 (b) Francis Hamilton
(Date received local registrar) (Registrar's signature) 7011

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1947 hour 5:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 1942 to Nov 32 1947
that I last saw h. er alive on Nov 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis athermia Duration 4 yrs

Due to _____

Due to _____

Other conditions hypertensive atherosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 124B

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Vernon E. Schumaker (M. D. or other) MB

Address St. Charles, Mo Date signed 11/24/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed DEC 5 1947

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.....

Herbert C. Dallmeyer, Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph I. Landolt
Licensed Embalmer No. 4189
P. O. Address St Charles

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.