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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31210

Primary Registration District No. 1005

Registrar's No. 8024

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: Mo- Pac Hospital

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

(d) Length of stay: In hospital or institution: 7 Hours (Specify whether years, months or days)

In this community: 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 2826a St. Louis Ave. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 20

If yes, name country:

3. (a) PRINT FULL NAME: Barney Robert Loos

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Minnie Loos

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: January 31st. 1885 (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 10 If less than one day hr. min.

9. Birthplace: Jackson (City, town, or county) Mo. (State or foreign country) 11

10. Usual occupation: Track Department

11. Industry or business: Terminal R. R.

FATHER
12. Name: August Loos
13. Birthplace: unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Rovelina Fruge
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs. Minnie Loos

(b) Address: 2826 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-11-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: Hy. Leidner U. Co.

(b) Address: 2223 St. Louis Ave.

19. (a) SEP 14 1948 (Date received local registrar) (b) L. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 11 year: 1948 hour: 5 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Sept. 10, 1948, to Sept. 11, 1948; that I last saw him alive on Sept. 11, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation Auricular Fibrillation	Min.
Due to: Arteriosclerotic Heart Disease	Yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NOT.

(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: [illegible] (M. D. or other)

Address: Missouri Pacific Hosp. Date signed: 9/11/48

(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 J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address 2223 St. Louis C

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.