

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34414
State File No. 9030
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9030

WRITE PLAINLY—USE 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: Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 das.
In this community: 78 yrs. 9 mos. 20 das
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Mary Ann Looby
3. (b) If veteran, name war: no
3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife: John Looby
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: Dec. 27. 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 20 hr. min.

9. Birthplace: St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Thomas Horgan

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

14. Maiden name: Catheran McCulligan

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

16. (a) Informant: Leo Looby

(b) Address: 2525a Benton St.

17. (a) Burial (b) Date thereof: 10-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Goodhart adn Goodhart

(b) Address: 2228 St. Louis Ave

19. (a) OCT 19 1948 J. B. Lanster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gas
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2525a Benton St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 17
year 1948 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from 10-14, 1948 to 10-17, 1948
that I last saw h. alive on 10-16-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Duration: 3 Days

Due to: _____
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:
(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? _____

23. Signature: W. C. Beaudouin
While at work? _____ (Specify type of place) (e) Means of injury: _____
Address: 539 N. Grand Date signed: 10-28-48

2/28/58

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 *Guy W. Wilkinson*
Licensed Embalmer No. *3575*
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.