

FILED NOV 24 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38398
9894

Primary Registration District No. 1005

Registrar's No.

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:
2906 Shenandoah
(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

3. (a) PRINT FULL NAME James K. Loy

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

4. Sex M 0 5. Color or race W
6. (a) Single, widowed, married, divorced D 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 12th, 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace St. Louis Mo. 8
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name James L. Loy
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Knight
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Loy
(b) Address 2906 Shenandoah

17. (a) Burial (b) Date thereof 11/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem/

18. (a) Signature of funeral director Waska - H. Clark & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) NOV 15 1948 (b) J. B. Casata
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County own
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2906 Shenandoah
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 13th
year 1948 hour 5 minute 35 P.M.

I hereby certify that I attended the deceased from Nov. 30, 1948, to Nov. 13, 1948
that I last saw him alive on Nov. 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic nephrosclerosis
Duration Uncertain

Due to 61

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death) Uncertain

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? _____

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

23. Signature G. O. Brown (M. D. or other) MD
Address 1325 Grand Date signed 11/14/48

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

16 SEP

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 *Felix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *3634 Gravois*

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.