

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8011</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>City, St. Louis.</b>		c. LENGTH OF STAY (in this place) (township) <b>2 1/2 / 46 / 9-14 / 49</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ferdinand.</b>		b. (Middle) <b>C</b>		c. (Last) <b>Loos.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-14-1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 22 1878</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shop man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road Co</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>22</b> Hours <b></b> Min. <b></b>	
11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>0</b>			
13a. FATHER'S NAME <b>William LOOS</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Bloß</b>		14. NAME OF HUSBAND OR WIFE <b>Dora</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lena McGowan 4260 Norfolk St. Louis, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalomalacia</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2nd X</b>			
22. I hereby certify that I attended the deceased from <b>July 8, 1948</b> , to <b>9-14-1949</b> , that I last saw the deceased alive on <b>9-14, 1949</b> , and that death occurred at <b>3:50 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clatus L. Krapf, M.D.</b>				23b. ADDRESS <b>5600 Arsenal St. St. Louis</b>		23c. DATE SIGNED <b>Sept 15, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Sept 16 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jackson</b>		24d. LOCATION (City, town, or county) (State) <b>Missouri</b>	
DATE REC'D BY LOCAL REG. <b>SEP 15 1949</b>		REGISTRAR'S SIGNATURE <b>R. B. Casater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. W. McLaughlin 2301 Lafayette St. Louis Mo</b>			

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

JAN 9 1950

PAEI.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Cooper

Licensed Embalmer No. 3830

P. O. Address. 330 Lafayette

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.