

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42709

FILED JAN 7 1950

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State File No. 11209

Registrar's No. 11209

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 11209			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>1513 South D Street</u>					
3. NAME OF DECEASED (Type or Print) Theodore			a. (First)		b. (Middle)		c. (Last) Lofton		
4. DATE OF DEATH		Month		Day		Year			
12-23-49									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u> (Specify)		8. DATE OF BIRTH <u>12-21-1910</u>			
9. AGE (in years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 1 YEAR Days <u>2</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sterling Steel</u>			11. BIRTHPLACE (State or foreign country) <u>Penola, Mississippi</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>James Lofton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Lofton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME _____			ADDRESS <u>1513 South D</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RETROPERITONEAL Sarcoma</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3-1-49</u>	
19a. DATE OF OPERATION <u>9-19-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Retroperitoneal Mass</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Holt</u> (STATE) <u>Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>198A</u>					
22. I hereby certify that I attended the deceased from <u>3/15, 1949</u> , to <u>12/22, 1949</u> , that I last saw the deceased alive on <u>12/22/49</u> , and that death occurred at <u>12/22, 1949</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. H. Koerber, M.D.</u> (Degree or title)				23b. ADDRESS <u>1421 Kansas, E. St. Louis, Mo</u>			23c. DATE SIGNED <u>12/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>DEC 29 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u>		ADDRESS <u>3847 Toga</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed..... *C. J. Nash*.....

Signed.....

Student Embalmer

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Pag*.....

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.