

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) Lifetime		d. ADDRESS (If rural, give location) 1. 1832 Hogan Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced dead at City Hos. # 1.			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Francis c. (Last) Loftus			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 3, 1899		9. AGE (In years last birthday) 50 yrs		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Hand		10b. KIND OF BUSINESS OR INDUSTRY Lincoln Trail Htg. St. Louis, MO.		11. BIRTHPLACE (State or foreign country) U.S.A.	

13a. FATHER'S NAME John Loftus		13b. MOTHER'S MAIDEN NAME Mary Barry		14. NAME OF HUSBAND OR WIFE Julia Loftus	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WORLD WAR # 1		16. SOCIAL SECURITY NO. 497-01-2248		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Loftus 1832 Hogan Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Infarction				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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) (STATE)	
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? H201	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:30 P.** m., from the causes and on the date stated above.

22a. SIGNATURE Patrick E. Gray		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 25, 1950		24c. NAME OF CEMETERY OR CREMATORY National Cem. J.B.	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20 Street			
DATE REC'D BY LOCAL REG. JUL 24 1950		REGISTRAR'S SIGNATURE J. B. Basater			

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

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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Neville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

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.