

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6369**
1778

FILED MAR 7 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) Rural Wood River Township		120	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 3537 California Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) EMIL			b. (Middle) PHILIBERT		c. (Last) LOIRE		4. DATE OF DEATH (Month) (Day) (Year) FEB 21, 1951
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Apr. 3, 1898	
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of R.R. Section			10b. KIND OF BUSINESS OR INDUSTRY Oil Refinery		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Emil B. Loire			13b. MOTHER'S MAIDEN NAME Adaline Greissen		14. NAME OF HUSBAND OR WIFE Winifred Loire		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 344-07-0928		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. E.P. Loire 3527 California Ave. Alton, Ill.		
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) Myocardial infarction with ventricular tachycardia ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Carcinoma of the liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 1 1/2 hrs. 3 mo. years
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 156A			
22. I hereby certify that I attended the deceased from FEB 16, 1951 , to FEB 21, 1951 , that I last saw the deceased alive on FEB 21, 1951 , and that death occurred at 4:27 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.R. Bradley MD			23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 2/21/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE RECD BY LOCAL REG. J.B. Luster			REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert H. Strooper Alton, Ill.		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____ *Robert H. Streep*

Signed
Student Embalmer

Licensed Embalmer No. *2474*

P. O. Address *Alton, Ill.*

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.