

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21244
5617

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 Mo b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Louis City Hospital #1
e. STREET ADDRESS (If rural, give location) 2529 W. Dodier St.

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) _____ c. (Last) LOFTUS 4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH abt - 1880 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Ireland 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Edward Cunningham 13b. MOTHER'S MAIDEN NAME Nellie Kelly 14. NAME OF HUSBAND OR WIFE Martin Loftus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mr Martin Loftus ADDRESS 2529 W Dodier St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medical Certification

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous, primary in rectum

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 157X

22. I hereby certify that I attended the deceased from 6-18-51, 19____, to 6-20-51, 19____, that I last saw the deceased alive on 6-20-51, 19____, and that death occurred at 9:35A m., from the causes and on the date stated above.

23a. SIGNATURE R. Kuyasu MD (Degree or title) _____ 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 6-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-22-51 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. B. Parvater 25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart ADDRESS 2228 St. Louis, Av

(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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. 3653

P. O. Address Provis Mo.

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.