

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39346

State File No. 10761
Registrar's No. 10764

FILED DEC 15 1951

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) ST. LOUIS, MO		c. LENGTH OF STAY (in this place) 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO 2069	
3. NAME OF DECEASED (Type or Print) LEO F. LOOBY		4. DATE OF DEATH (Month) (Day) (Year) DEC 2, 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH abt
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO
13a. FATHER'S NAME JOHN LOOBY		13b. MOTHER'S MAIDEN NAME MARY HORGAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME CHARLES LOOBY 5737 MAFFITT AVE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION accident	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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? EGOH 9		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 11:51 m., from the causes and on the date stated above.			
25. SIGNATURE Patric C. Taylor Curran		23b. ADDRESS 31300 Clark	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 6, 1951	
24c. NAME OF CEMETERY OR CREMATORY GALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. DEC 4 1951		REGISTRAR'S SIGNATURE Paul Smith in W	
25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN FUN DIR		ADDRESS 8849 N EUCLID AVE	

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.

Signed *Robert L. Drinkman* Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3553*

P. O. Address.....

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.