

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

0661

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Residence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 50 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109 D			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4004a Sullivan Ave				A. STREET ADDRESS (If rural, give location) 4004a Sullivan Avenue					
3. NAME OF DECEASED a. (First) Emma			b. (Middle) Loftus		c. (Last) Loftus				
4. DATE OF DEATH January 20, 1952			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH February 22, 1878			9. AGE (In years last birthday) 73		10. MONTHS 10		11. DAYS 29		
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) Warden, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Schmidt			13b. MOTHER'S MAIDEN NAME Sophie Suednevar			14. NAME OF HUSBAND OR WIFE Mr. John 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Alfred Loftus-4004a Sullivan Ave.				
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) <i>myocardial infarction</i>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertensive heart disease</i>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <i>arteriosclerosis</i>					
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 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? <i>4221</i>					
22. I hereby certify that I attended the deceased from <i>Jan 1, 1951</i> to <i>Jan 20, 1952</i> that I last saw the deceased alive on <i>Jan 20, 1952</i> and that death occurred at <i>10 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Charles R. ... M.D.</i>				23b. ADDRESS <i>1862 East ...</i>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. <i>JAN 22 1952</i>		REGISTRAR'S SIGNATURE <i>Neal Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Delis J. Krupin*

Licensed Embalmer No. *34970*

P. O. Address *1936 St. Louis*

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.