

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36607**

FILED NOV 13 1952

318

1003

Registrar's No. **10023**

| | | | | | | | |
|--|-------------------------------|---|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10023 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Louis b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 2059 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | | | d. STREET ADDRESS (If rural, give location) 5 6018a Suburban Ave | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | b. (Middle) DRUSCILLA | | c. (Last) LORAINÉ | | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 30, 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 8 1865 | | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months _____ | IF UNDER 6 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Florissant Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Gabiel Loraine | | | 13b. MOTHER'S MAIDEN NAME Julia St. Cin | | 14. NAME OF HUSBAND OR WIFE John B Loraine | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Simmons 6018a Suburban | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES CAS 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. | | | | INTERVAL BETWEEN ONSET AND 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) _____ | | 21f. HOW DID INJURY OCCUR? 332x | |
| 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"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 10-14-52, 19 , to 10-30-52, 19 , that I last saw the deceased alive on 10-30-52, 19 , and that death occurred at 7:45 a. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) [Signature] | | | | 23b. ADDRESS 1515 Lafayette Avenue | | 23c. DATE SIGNED 10-31-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Nov. 3 1952 | 24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co Mo. | | |
| DATE REC'D BY LOCAL REG. OCT 31 1952 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave. | | | |

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

m86 (Licensed Embalmer's Statement on Reverse Side)

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

Alfred J. Boedecker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave. s. p.

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.