

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20318

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

BIRTH NO. <u>REG #110833</u>		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>500</u>	Registrar's No. <u>1533</u>
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>[REDACTED]</u>		
b. CITY OR TOWN <u>JEFFERSON BARRACKS</u>	c. LENGTH OF STAY (in this place) <u>16 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>4359 MARYLAND</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>	b. (Middle) <u>J.</u>	c. (Last) <u>LOFTUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>5-13-90</u>	9. AGE (In years last birthday) <u>63</u> If UNDER 1 YEAR Months Days If UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER—MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MIDWEST PIPE CO.</u>		11. BIRTHPLACE (City, and State or Foreign Country) <u>ST. LOUIS, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>MICHAEL LOFTUS</u>		
13b. MOTHER'S MAIDEN NAME <u>MARY KEANE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>	
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) <u>CARCINOMA, MIDDLE & LOWER LOBES OF RIGHT LUNG WITH GENERALIZED METASTASES</u> 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. _____		INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>D</u>			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) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5-21-53</u> , 19 <u> </u> , to <u>6-2-53</u> , 19 <u> </u> , and that death occurred at <u>6:25A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R.A. ALLEN</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>VAH JEFFERSON BARRACKS, MO.</u>	23c. DATE SIGNED <u>6-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nat'l. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-3-53</u>	REGISTRAR'S SIGNATURE <u>Harbert R. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern U&L Co., 6322 S. Grand, St. Louis, Mo.</u>		

(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.....
Signature of Student Embalmer

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6347 So. Sea*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.