

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10220

State File No. ....

BIRTH NO. 19067-54 APR 2 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2814

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2247</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>6 HOURS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSPITAL 24</u>			e. STREET ADDRESS (If rural, give location) <u>3324 WISCONSIN AVENUE</u>		
3. NAME OF DECEASED a. (First) <u>DEBORAH</u> (Type or Print)			b. (Middle) <u>CAROL</u>	c. (Last) <u>LOFTIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 27 '54</u>
5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>3-10-54</u>	9. AGE (In years last birthday) <u>17 DAYS</u>	IF UNDER 1 YEAR Months <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>ELBERT LOFTIN</u>		13b. MOTHER'S MAIDEN NAME <u>LENA COUNTS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DR. MARY PARKER 500 S. Kingshwy</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</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
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) <u>770.0</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>3-27</u> , 19 <u>54</u> , to <u>3-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-27</u> , 19 <u>54</u> and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. H. Klueberg MD</u>		(Degree or title)	23b. ADDRESS <u>500 So. Kingshwy</u>		23c. DATE SIGNED <u>3-27-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain View MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 29 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland - Hiler</u>		ADDRESS <u>ST. LOUIS MO</u>

M.D.B. (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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Ben E. Hoffmann*

Licensed Embalmer No. *425*

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