

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20878

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5022**

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 township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hosp. #1**

e. STREET ADDRESS (If rural, give location) **4028 Washington Blvd.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Margaret** b. (Middle) _____ c. (Last) **Loughlin**

4. DATE OF DEATH (Month) (Day) (Year)
June 6, 1954

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **May 1, 1867**

9. AGE (In years last birthday) **87** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **Ballymacoda, Ireland**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Thomas Loughlin**

13b. MOTHER'S MAIDEN NAME **Mary Donovan**

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) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Josephine Cox, 824 Ridgely Springfie**

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Seizure; Generalized Arteriosclerosis; fracture of right arm**
ANTECEDENT CAUSES **Aspirin**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **suffered in fall at City**
DUE TO (b) **Aspirin**
DUE TO (c) **May 12, 1954.**

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **Accident**

20. AUTOPSY? YES NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Aspirin**

21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **May 12 54 9A**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **002 E9047**

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 **130A** m., from the causes and on the date stated above. **45**

23a. SIGNATURE **Joseph M. Cullen**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **6/7/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **6-9-54**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUN 7 1954**

REGISTRAR'S SIGNATURE **J. Cullen**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Cullinane Bros. 3320 N. Kingshighway**

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.....
Fred Frick

Licensed Embalmer No..... 318

P. O. Address ... St. Louis, Mo.

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.