

FILED OCT 7-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31164**
Registrar's No. **8482**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1005** Registrar's No. _____

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) **St. Louis** c. LENGTH OF STAY (In this place) _____
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 **4057 Washington** e. STREET ADDRESS (If rural, give location) **4057 Washington**
19 **219/0**

3. NAME OF DECEASED (Type or Print) a. (First) **Mary** b. (Middle) **Theresa** c. (Last) **Loomis** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 26, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Dec. 8, 1868** 9. AGE (In years last birthday) **86** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Dennis O'Keefe** 13b. MOTHER'S MAIDEN NAME **Hannah Unknown** 14. NAME OF HUSBAND OR WIFE **William**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **William Loomis** ADDRESS **4057 Washington**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio-Sclerosis** INTERVAL BETWEEN ONSET AND DEATH **about 2 yrs**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) **Chronic hypertension**
DUE TO (c) **Valvular**
II. OTHER SIGNIFICANT CONDITIONS **Compensated to which clear to organs**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **450.0** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Prof.** 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) **unt** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/18** 19**53**, to **9/24** 19**55**, that I last saw the deceased alive on **9/24** 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **D.C. Todd** (Degree or title) **M.D.** 23b. ADDRESS **4140 Forest Park** 23c. DATE SIGNED **9/26/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9-28-55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **SEP 27 1955** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Harrigan-Sheahan** ADDRESS **4700 Washington Blvd**

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.....
Elmo R. Cadwell
Elmo R. Cadwell

Licensed Embalmer No....407

P. O. Address.....

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.