

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38542

FILED DEC 2 1955

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10123**

1. PLACE OF DEATH <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>2219</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>ST. LOUIS</i>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>ST. LOUIS</i>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>MO. PACIFIC HOSPITAL</i>		e. STREET ADDRESS (If rural, give location) <i>21 Admiral Hotel 2330 OLIVE ST</i>	
3. NAME OF DECEASED (Type or Print)	a. (First) <i>SILAS</i>	b. (Middle) <i>FRANCIS</i>	c. (Last) <i>LOSH</i>
4. DATE OF DEATH	(Month) <i>NOV.</i>	(Day) <i>17</i>	(Year) <i>1955</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED</i>	8. DATE OF BIRTH <i>APRIL 5, 1891</i>
9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Mo. Pacific</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Brakeman</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Piedmont, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Frank Losh</i>	
13b. MOTHER'S MAIDEN NAME <i>Zillie Ward</i>		14. NAME OF HUSBAND OR WIFE <i>Vivian Salmon</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Mildred Bonaccorsi</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <i>5700 Reber Pl.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Respiratory Acidosis.</i>	
		ANTECEDENT CAUSES	
		LARGE ANEURISM OF ARCH OF AORTA PRESSING ON TRACHEA PRODUCING TRACHEAL OBSTRUCTION (PARTIAL)	
		DUE TO (b) <i>AORTA PRESSING ON TRACHEA</i>	
		DUE TO (c) <i>(PARTIAL)</i>	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death. <i>Pneumonitis, Emphysema.</i>	
19a. DATE OF OPERATION <i>NOV. 7, 1955</i>	19b. MAJOR FINDINGS OF OPERATION <i>aneurism of arch of aorta.</i>	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) (Min.)
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 <i>OCT. 25, 1955</i> , to <i>NOV. 17, 1955</i> , that I last saw the deceased alive on <i>NOV. 17, 1955</i> , and that death occurred at <i>St. Louis</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>James C. Vest M.D.</i>		23b. ADDRESS <i>1755 S. Grand Blvd</i>	23c. DATE SIGNED <i>Nov 19</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>	24b. DATE <i>11-21-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
DATE REC'D BY LOCAL REG. <i>NOV 21 1955</i>	REGISTRAR'S SIGNATURE <i>Charles Smith Mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Weick Und Co 2201 S. Grand Blvd.</i>	

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..... *Frank Myland*

Licensed Embalmer No. *43*

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.