Health, Welfare Public Service

300
-56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28761
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7001

0

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.Grand, St.Louis,Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V.A. Hospital Length of stay in 1b: 113 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Camden
c. CITY OR TOWN: Osage Beach 0150 1 Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Harold Middle: E. Last: Lofftus

4. DATE OF DEATH Month Day Year: 7-27-56

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒ 3

8. DATE OF BIRTH: 6-2-92

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Youngstown, Ill. 1

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Lofftus

14. MOTHER'S MAIDEN NAME: Eleanor Bollands

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-1

16. SOCIAL SECURITY NO.: 319 09 5090

17. INFORMANT Address: VA Hosp.Records,915 N.Grand, St.Louis,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROSIS - GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) POSSIBLE CEREBRAL VASCULAR ACCIDENT — UNKNOWN
DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
CORONARY INSUFFICIENCY

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-5-56, to 7-27-56 and last saw him alive on 7-27-56
Death occurred at 9:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Justus W. George M.D. 0
JUSTUS W. GEORGE

22b. ADDRESS: VAH, 915 N.GRAND,ST.LOUIS,MO.

22c. DATE SIGNED: 7-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-28-56

23c. NAME OF CEMETERY OR CREMATORY: Point Pleasant Cem.

23d. LOCATION (City, town, or county) (State): Warren County, Illinois

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington,

25. DATE RECD. BY LOCAL REG.: JUL 28 1956

26. REGISTRAR'S SIGNATURE: Earl Smith MD
MKB

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Wenne

Licensed Embalmer No. 419

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.