

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28763**
7161

FILED SEP 7 1956

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE	
b. CITY OR TOWN St. Louis		b. COUNTY St. Louis	
c. CITY OR TOWN S. KINLOCH		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1273 Goodfellow		e. STREET ADDRESS (If rural, give location) 430 McHenry	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) Freeman			b. (Middle) Lofton			
c. (Last) Lofton			7/29/56			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1866	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Sherrard Lofton		13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE Mattie Lofton	
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. _____		17. INFORMANT'S SIGNATURE OR NAME Mattie Lofton	
				ADDRESS 430 McHenry S. Kinloch	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Generalized Arteriosclerosis		years?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 450.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 1, 1956, to July 9, 1956, that I last saw the deceased alive on July 28, 1956, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Frank Cohen M.D.		23b. ADDRESS 10517 St Charles Rd ST ANN Mo		23c. DATE SIGNED 8/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Greenwood, Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. AUG 2 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Kornee	
				ADDRESS 1221 N. Grand	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Mission

St. Louis

St. Louis

1277 Goodfellow

7/29/28

Location

Treatment

1 28

09

June 1, 1886

Married

Negro

Male

U. S. A.

Mississippi

Name

Unemployed

Mattie Lottan

Elizabeth

Sherrill Lottan

No

Mattie Lottan

130 McHenry St. Kinloch

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 *Melvin Blackwood*

Licensed Embalmer No. *396*

P. O. Address *1221 1/2 St.*

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.

Revoked

ISSUED BY