

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11462**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **542** Registrar's No. **325**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

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 **Ferguson**
c. LENGTH OF STAY (in this place) OR TOWN **1-yr. 11-mo.**
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Oak Knoll Nursing Home**
e. STREET ADDRESS (If rural, give location) **2906 Shenandoah Ave.**

3. NAME OF DECEASED
a. (First) **Anna** b. (Middle) **K.** c. (Last) **Loy**
4. DATE OF DEATH (Month) (Day) (Year) **Feb. 3, 1957**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 17, 1864** 9. AGE (In years last birthday) **92** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housekeeping** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Thomas Knight** 13b. MOTHER'S MAIDEN NAME **Mary Jane White** 14. NAME OF HUSBAND OR WIFE **James L. Loy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Karl Spencer** ADDRESS **16 Dromara Rd.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Cardis -**
*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) **vaseular disease**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Senile dementia**

INTERVAL BETWEEN ONSET AND DEATH
unknown
unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4221** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Mar 21, 1956** to **Feb 3, 1957**, that I last saw the deceased alive on **Jan 26, 1957**, and that death occurred at **10:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Lewis Lettman M.D.** 23b. ADDRESS **823 Clayton Rd (17)** 23c. DATE SIGNED **2/4/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Feb. 5, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **2-4-57** REGISTRAR'S SIGNATURE **Herbert R. Dombek** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **WACKER-HELDREGE - 3634 Gravois Ave.**

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

S. No. 300
V. 10-46

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 J. [Signature]
Licensed Embalmer No. *267*
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.