

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14970

STATE FILE NUMBER

318

Primary Registration District No.

1003

Registrar's No.

3761

| | | | | | |
|---|------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis. | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Missouri. Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN University City 5, 4376 <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Jewish Hospital. 6 days | | d. STREET ADDRESS #7390 Norwood Ave. 27 | | (If outside, give location) RESIDE ON FARM Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last ROY ELMER LOFF. | | | 4. DATE OF DEATH Month Day Year April 18, 1957. | | |
| 5. SEX Male. 0 | 6. COLOR OR RACE White. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 16, 1884. | 9. AGE (In years last birthday) 72. | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturers Agent. | | 10b. KIND OF BUSINESS OR INDUSTRY Furniture. | 11. BIRTHPLACE (City and state or country) Whitewater, Wisc., / | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME John Loff. | | | 14. MOTHER'S MAIDEN NAME Anna Schultz. | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no. | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Address Mrs Olga E. Loff, 7390 Norwood Ave. | | |
| 18. CAUSE OF DEATH [Enter only one cause per type for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Perforation of Large Bowel. Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinoma of sigmoid 153X</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <i>April 13</i> to <i>April 16</i> and last saw her him alive on <i>4/18/57</i> Death occurred at <i>2:10 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>J. J. Qualben M.D.</i> (Degree or title) | | 22b. ADDRESS <i>Pike Blk</i> | | 22c. DATE SIGNED <i>4-19-57</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE April 20, 1957. | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 23d. LOCATION (City, town, or county) (State) #7800 St. Charles Road. | | |
| 24. FUNERAL DIRECTOR ADDRESS C, R. Lupton & Sons, 7233 Delmar. | | 25. DATE RECD. BY LOCAL REG. APR 1957 | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> | | |

(Licensed Embalmer's Statement on Reverse Side)

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

12 to 3 PM

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 Clarence H. Murray

Licensed Embalmer No. 401

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.