

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18985

FILED JUN 7 1957

State File No.

4350

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>													
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>		c. CITY OR TOWN <u>Webster Groves, Mo</u>		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 <u>Margaretta N.H. 5861 Cates Av.</u>				e. STREET ADDRESS (If rural, give location) <u>27 521 Willoughby Lane</u>													
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>			b. (Middle) <u>M.</u>		c. (Last) <u>LOSH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1957</u>										
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 14, 1877</u>		9. AGE (In years last birthday) <u>80</u>		10. F UNDER 1 YEAR Months _____		11. F UNDER 1 YEAR Days _____		12. F UNDER 1 YEAR Hours _____		13. F UNDER 1 YEAR Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>England</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Daniel Sephton</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Corley</u>				14. NAME OF HUSBAND OR WIFE <u>Thomas Losh</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Barbara M. Carey, 521 Willoughby Lane</u>				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>								<u>3 days</u>					
				ANTECEDENT CAUSES <u>Bronchopneumonia</u>								<u>3 da</u>					
				DUE TO (b) _____													
				DUE TO (c) _____													
				II. OTHER SIGNIFICANT CONDITIONS <u>Auricular fibrillation</u>													
				<u>Arthritis deformans</u>													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? <u>I</u>					
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 _____, 19 <u>57</u> , to _____, 19 <u>57</u> , that I last saw the deceased alive on _____, 19 <u>57</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>C. J. Vollmar</u> M.D. (Degree or title)						23b. ADDRESS <u>55 W. Big Bend Rd.</u>				23c. DATE SIGNED <u>5-7-57</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>				24b. DATE <u>May 9, 1957</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>MAY 7 '57</u>				REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Cragan</u> ADDRESS <u>831 East Big Bend</u>				Webster Groves, Mo.					

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

(Licensed Embalmer's Statement on Reverse Side)

m. j. p.

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 *Ervey Kaski*.....

Licensed Embalmer No. *4596*.....

P. O. Address *Flouissant*.....

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.