

3229

 Health, Welfare & Public Service
 IC-1719 656
 SL 15621 FILED JAN 17 1958 STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

122

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 2310 2214 S. 7th (Rear)	
3. NAME OF DECEASED (Type or print) First JOHN Middle V. Last LOIDA		4. DATE OF DEATH Month JANUARY Day 4 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/8/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LAWRENCETON, MO.
13a. FATHER'S NAME DANIEL LOIDA		13b. MOTHER'S MAIDEN NAME MAGDALENA RITTER	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute bronchopneumonia DUE TO (b) Hepatic failure DUE TO (c) Cirrhosis and Necrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 581.0			INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown Apprx. 1 yr.
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.) 581.0	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from 12/30/57 to 1/4/58 and last saw him him alive on 1/4/58 Death occurred at 1:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gordon Shaw		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 1-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-7-58	23c. NAME OF CEMETERY OR CREMATORY Ste Genevieve Cemetery	23d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. JAN 6 '58	26. REGISTRAR'S SIGNATURE Carl Smith MD mgs

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
300
1-57

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 Etienne P. Penelua

Licensed Embalmer No. 4283
P. O. Address St. Louis, Mo.

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.