

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003221

STATE FILE NUMBER

129

JAN 26 1959

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

300  
1-57  
6  
32  
0

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 ST. LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1		Length of stay in lb Years 1	d. STREET ADDRESS (If outside, give location) 2237 ADDRESS 2150 Lafayette
3. NAME OF DECEASED (Type or print) First Middle Last Eva Laura Loy			4. DATE OF DEATH Month Day Year 1 2 59
5. SEX Female	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 6/16/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 69
11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Martin Loy		13b. MOTHER'S MAIDEN NAME Sarah Fauckner	14. NAME OF HUSBAND OR WIFE None
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. 497-05-1152	17. INFORMANT Address Eva Loy 2050 Lafayette Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchial pneumonia</i>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ca of ovary &amp; metastasis to</i> DUE TO (c) <i>obstruction of bowel, liver, stomach, etc.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>175.0</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Death occurred at <i>3:28 P</i> on <i>12/8/58</i> , to <i>1/2/59</i> and last saw her alive on <i>1/2/59</i>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) <i>Carl W. Kingston, M.D.</i>		22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>	22c. DATE SIGNED <i>1/3/59</i>
23a. BURIAL, CREMATION, or other disposition <i>Removal</i>	23b. DATE <i>1-6-1958</i>	23c. NAME OF CEMETERY OR CREMATORIAL HOME <i>St. Trinity Lutheran</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>McLAUGHLIN'S, 2301 Lafayette Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 6 '59</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, carrier, etc.; must state only - otherwise certificate will be void. All diseases in Part I must be causally related.

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 *James R. Chapman*  
Licensed Embalmer No. *4550*  
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.