URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008543
STATE FILE NUMBER

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2052

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Length of stay in 1b 40-yrs.

c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Church Rd. & Hornsby Ave. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1011 Wall Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First David Middle Barney Last Losh

4. DATE OF DEATH Month Feb. Day 20th., Year 1960

5. SEX M.

6. COLOR OR RACE W.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/12/1890

9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired, Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Piedmont, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Silas Losh

13b. MOTHER'S MAIDEN NAME Cora Henson

14. NAME OF HUSBAND OR WIFE Mrs.Effie Losh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 492-07-1002

17. INFORMANT Address Mrs.Effie Losh, 1011 Wall Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MYOCARDIAL INFARCTION	5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIO SCLEROTIC CARDIO VASCULAR D.	? 5 years
DUE TO (c)	420.1	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec. 1959, to Feb 20 1960 and last saw her/him alive on Feb 10, 1960
Death occurred at 3:00 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert C Sevett MD

22b. ADDRESS 508 N. Grand St Louis Mo

22c. DATE SIGNED 2/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb.24,1960

23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery

23d. LOCATION (City, town, or county) Piedmont (State) Mo.

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. FEB 22 1960

26. REGISTRAR'S SIGNATURE Karl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Francis Williams

Licensed Embalmer No. 356

P. O. Address 3840 Ke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.