

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017086

FILED VS APR 22 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2, 3962**

| | | | | | |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN E. St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp., Inc. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 37B Roosevelt Homes, 44th & Bunkum | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Thomas Middle David Last Loneragan | | | 4. DATE OF DEATH Month April Day 10 Year 1960 | | |
| 5. SEX Male | 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 7-8-1885 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Loco. Fireman | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY U. SA |
| 13a. FATHER'S NAME David Loneragan | | 13b. MOTHER'S MAIDEN NAME Mary Dunn | | 14. NAME OF HUSBAND OR WIFE Fannie Loneragan | |
| 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. 292-12-6706 | | 17. INFORMANT Address Mrs. Fannie Loneragan E. St. Louis, Ill. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 491X | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerosis | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | |
| 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 April 6 1960 to April 10, 1960 and last saw him alive on Apr 10 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Paul E. Kasto (Degree or title) M.D. | | 22b. ADDRESS 1755 So Grand | | 22c. DATE SIGNED 4/11/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4-13-60 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery | | 23d. LOCATION (City, town, or county) (State) Belleville, Illinois | |
| 24. FUNERAL DIRECTOR ADDRESS John J. Kessly E. St. Louis, Illinois | | 25. DATE RECD. BY LOCAL REG. APR 11 1960 | | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

-21872

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 *Not Embalmed*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Paul D. Schubert*

Licensed Embalmer No. _____

P. O. Address _____

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.