

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-015958
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1144

AMENDED FILED MAY 8 1961

DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

| | | | | | | | | |
|---|--|---|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton | | Length of stay in 1b KRS | | c. CITY OR TOWN Clayton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7520 Parkdale | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 7520 Parkdale | | |
| 3. NAME OF DECEASED (Type or print) First LOUIS Middle J. Last LOSOS | | | 4. DATE OF DEATH Month April Day 23 Year 1961 | | | | | |
| 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 2/14/00 | | |
| | | | | 9. AGE (last birthday) 61 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY Furniture | | 11. BIRTHPLACE (City and state or country) Arkansas | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Simon Losos | | | 13b. MOTHER'S MAIDEN NAME Rebecca Kronberg | | | 14. NAME OF HUSBAND OR WIFE Kathryn Losos | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk. | | | 16. SOCIAL SECURITY NO. Unk. | | 17. INFORMANT Address Mrs. L. J. Losos-7520 Parkdale | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease DUE TO (c) Diabetes mellitus | | | | | | | INTERVAL BETWEEN ONSET AND DEATH immediate 2 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | | | | | 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 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 1945 to Apr 23, '61 and last saw her Apr 20 1961 and to the best of my knowledge, from the causes stated. Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE R. M. Schaubert MD (Degree or title) | | | | 22b. ADDRESS 3701 Grandel St | | 22c. DATE SIGNED 4-24-61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/25/61 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery | | 23d. LOCATION (City, town, or County) (State) St. Louis County, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar | | | 25. DATE RECD. BY LOCAL REG. 4-24-61 | | 26. REGISTRAR'S SIGNATURE J. E. Murphy | | | |

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 *John B. Entwistle*

Licensed Embalmer No. 3691
P. O. Address *Howe*

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.