

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-191228

318 Primary Registration District No. 1003 Registrar's No. 4405

STATE FILE NUMBER

AMENDED

FILED MAY 19 1961

|  |  |  |  |   |  |  |   |   |  |
|--|--|--|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY   |  |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |  | Length of stay in 1b<br>35 Yrs.  |  | c. CITY OR TOWN St. Louis   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION E/R to City Hosp.   |  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br>2713 S. 7th |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>WILLIAM E. LOOMIS  |  |  |  | 4. DATE OF DEATH<br>Month Day Year<br>May 9, 1961   |  |  |   |   |  |
| 5. SEX<br>Male   |  | 6. COLOR OR RACE<br>White  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>6/10/90  |   | 9. AGE (last birthday)<br>70                                |  |
| IF UNDER 1 YEAR<br>Months Days   |  | IF UNDER 24 HR<br>Hours Min.   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>roofer   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Retired   |   | 11. BIRTHPLACE (City and state or country)<br>Unk. Michigan |  |
| 12. CITIZEN OF WHAT COUNTRY<br>USA   |  | 13a. FATHER'S NAME<br>John Loomis  |  |   | 13b. MOTHER'S MAIDEN NAME<br>Myrtle Thatch                   |  |   | 14. NAME OF HUSBAND OR WIFE<br>Ruth Loomis                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.<br>Yes(unk)  |  | 17. INFORMANT<br>Ruth Loomis, 2713 S. 7th, St. Louis  |  |  |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Sclerosis with Aortic stenosis 90%</u><br><u>Fracture of ribs on left side, suffered in altercation in vicinity of 2713 S. 7th street about 11:30 AM, May 4, 1961.</u><br>DUE TO (b) <u>accident</u><br>DUE TO (c) <u>accident</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |  |  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH                            |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 20a. ACCIDENT <input checked="" 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.)<br><u>See above</u>  |  |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>11:30 p.m.  |  | Month, Day, Year<br>5-4-61   |  | 904.5-45  |  |  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>23 Street                |  | 20f. CITY, TOWN, OR LOCATION<br>St Louis, Mo  |  | COUNTY   |   | STATE   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |  |   |  |  |   | 640-A   |  |
| 22a. SIGNATURE<br><u>Joseph L. Loomis</u><br>(Degree or title)   |  |  |  | 22b. ADDRESS<br>1300 Clark  |  |  |   | 22c. DATE SIGNED<br>5-9-61                                  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   |  | 23b. DATE<br>May 11, 61  |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Mount Hope  |  | 23d. LOCATION (City, town, or county)<br>St. Louis Co., Mo.  |   | (State)   |  |
| 24. FUNERAL DIRECTOR<br>McLaughlin, 2301 Lafayette(4)  |  |  |  | 25. DATE RECD. BY LOCAL REG.<br>MAY 9 1961  |  | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith M.D.</u>  |   |   |  |

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**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

*H. G. Farris*

Licensed Embalmer No. 3384

P. O. Address

*H. Farris*

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.