

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9212** STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Mo.** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Enroute City Hospital** Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2757 Russell, Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Robert** Middle **Freeman** Last **Looney**
4. DATE OF DEATH Month **Oct.** Day **4,** Year **1961**
5. SEX **Male** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH **10/23/1910** **9. AGE (last birthday)** **50**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** **10b. KIND OF BUSINESS OR INDUSTRY** _____
11. BIRTHPLACE (City and state or country) **Puxico, Mo.** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**
13a. FATHER'S NAME **Robert P. Looney** **13b. MOTHER'S MAIDEN NAME** **Maggie Freeman** **14. NAME OF HUSBAND OR WIFE** **Nil.**

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.** **Nil.** **17. INFORMANT** **Bernie P. Looney, 3942 Shenandoah.** Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Chronic Gastritis with marked Parenchymatous nephritis.**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
591x
 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 _____ **to** _____ **and last saw her/him alive on** _____
Death occurred at _____ **o'clock** **on** _____ **the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE **Paul J. Simon** (Degree or title) **Deputy Coroner** **22b. ADDRESS** **1300 Clark** **22c. DATE SIGNED** **10/5/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **23b. DATE** **10-8-61** **23c. NAME OF CEMETERY OR CREMATORY** **Duck Creek Cemetery** **23d. LOCATION** (City, town, or county) **Puxico, Mo.** (State) _____

24. FUNERAL DIRECTOR **Albert H. Hoppe Inc., 4700 Washington, Blvd.** **25. DATE RECD. BY LOCAL REG.** **OCT 5 1961** **26. REGISTRAR'S SIGNATURE** **Loan Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VIEW NO. SHOULD READ

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 J. W. Dumbley

Licensed Embalmer No. 3652

P. O. Address J. W. Dumbley

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.