MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38626

File No. .....

Registered No. 11312

1. PLACE OF DEATH

County .....

Township .....

City St. Louis No. City Hosp 1 .....St. .....Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Harry Loughlan

(a) Residence. No. 1025 Selby St., 25 Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Loughlan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.
	43	10	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cobbler

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Minsk

(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Hyman Loughlan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Jennie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Russia

14. INFORMANT Jacob Loughlan

(Address) 1025 Selby

15. FILED DEC 19 1927, 19..... May C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1927

17. I HEREBY CERTIFY, That I attended deceased from .....

.....19....., to .....19.....

that I last saw h..... alive on ..... 9.35 P. m., 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Injuries

Fractured Skull

Struck by Auto

2:10 PM, (duration) Hrs. City ds.

CONTRIBUTORY (SECONDARY) Criminal Carelessness

(duration) .....yrs. .....mos. .....ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. N. Nett, M. D.

12/19, 19 27 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Cyl Shel Cmeth	12/20 1927
20. UNDERTAKER H. B. Berger	ADDRESS 4715 McPherson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1706

Stacy Caplan