

FEB 12 1938

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

1260

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City **St. Louis, Mo.** (d) Street No. **4239 Hunt Ave.** Registered No. **1116**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Martha Loomis 520**

(a) Residence, No. **4239 Hunt Ave.** St. **18**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bert H. Loomis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 13, 1864**

7. AGE YEARS **73** MONTHS **10** DAYS **15** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as saw mill, bank, etc. **At home**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Oak Hill** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **William S. Vincen**

14. BIRTHPLACE (CITY OR TOWN) **Kentucky** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Caroline Underwood**

16. BIRTHPLACE (CITY OR TOWN) **Oak Hill** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Herman Strain** (ADDRESS) **4239 Hunt Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Vahalla** DATE **1/31/38**

19. FUNERAL DIRECTOR **Edith E. Ambruster** (ADDRESS) **4234 Manchester**

20. FILED **J. T. Bredeck** Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 21, 1927** to **July 28, 1938**

I last saw her alive on **July 28, 1938**. Death is said to have occurred on the date stated above, at **10:55 P.M.**

The principal cause of death and related causes of importance were as follows:

**Arterio-sclerosis  
of Central Cerebrals**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Whitome Hall** (Signed) **M. D.**

(Address) **1625 Iowa Grove**

See affidavit in misc file # 73-12

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Florenz Eynck

Licensed Embalmer No. 1284

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)**