

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District **1003**

City **St. Louis** (No. **4907**)

**Maryland** (St. \_\_\_\_\_ Ward)

File No. **28611**

Registered No. **8060**

**2. FULL NAME**

**Thomas Herman Lovelace**

(a) Residence. No. **4907 Maryland** St. **12** Ward.

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**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**

**Cammie Lovelace**

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

**Feb 27 1881**

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<b>47</b>	<b>5</b>	<b>12</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Boil Salaman**

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**Union City**

(STATE OR COUNTRY)

**Ill**

**10. NAME OF FATHER**

**Thomas Lovelace**

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

(STATE OR COUNTRY)

**Unknown**

**12. MAIDEN NAME OF MOTHER**

**Mary Bruner**

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

(STATE OR COUNTRY)

**Unknown**

**14.**

INFORMANT **Mrs. Cammie Lovelace**

(Address) **4907 Maryland**

**15.**

FILED **3-8-1923** **May C. Stankoff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Aug. 6 1928**

**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at **11:30 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Gun shot wound of chest, whether accidental or self-inflicted**

**CONTRIBUTORY (REASON)**

**not determined** (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT PLACE OF BIRTH.....

**8/19/28** DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **W. J. [Signature]** M.D.

(Address) **Donor's**

\*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**

**Park Grove**

**Aug 8 1928**

**20. UNDERTAKER**

**ADDRESS**

**Dubmann Haral**

**1905 Union**

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

