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

Do not use this space.

32344

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9656

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. City Hosp #2 St. ..... Ward)

2. FULL NAME Florence Love

(a) Residence. No. 101 N. Channing St., 21 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Avery Love

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17-1892

7. AGE 36 YEARS | MONTHS 3 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Clark Maxwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. James
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Saddie Smallwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kirkwood
(STATE OR COUNTRY) Mo.

14. INFORMANT Saddie Maxwell
(Address) 3336 Hickory St.

15. FILED OCT -1 1923 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-26-28 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stab wound of 17A abdomen

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

CONTRIBUTORY (SECONDARY) Homicide

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

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18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm Dever, ~~M.D.~~

9/27 1928 (Address) Dep 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 Father Dickson

DATE OF BURIAL Sept 30 1928

20. UNDERTAKER Elmer E. Pettis

ADDRESS 8030 Belle Ave

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.