

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

Do not use this space.

36103

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 5962, Romaine Pl.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 10625

**2. FULL NAME**

Elizabeth Alice Lovell  
 (a) Residence, No. 5962 Romaine Pl. St. 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George C. Lovell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1853  
 7. AGE YEARS 78 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) London, Mo., Missouri

FATHER 13. NAME Barton Pollard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Jas. S. Lovell  
5962 Romaine Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery Oct 21, 1931

19. UNDERTAKER (ADDRESS) Geo. L. Pilitash Inc.  
5966 Easton Ave.

20. FILED Oct 19 1931 Max Starkloff  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Oct 17, 1931

I last saw him alive on Oct 17, 1931 Death is said to have occurred on the date stated above, at 11 P. m.

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

Organic Heart Lesion Date of onset Feb 17 1930  
134 R  
95 95 B

Other contributory causes of importance:  
Acute attack of Renal Colic  
Colic Colic in R. ureter

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? renal Was there an autopsy? \_\_\_\_\_

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

(Signed) J. O. Brooks, M. D.  
 (Address) Panel Brown Bldg.

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.

WHILE WAITING WITH OFFICERS THIS IS A PERMANENT RECORD

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