

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

Do not use this space.

37689

1. PLACE OF DEATH

County..... Registration District No. *143*
Township..... Primary Registration District No. *5003*
City *St. Louis* (No. *4146*, *Centrose*)..... St. Ward

File No. **10383**
Registered No.
St. Ward

2. FULL NAME *Kenneth Love*

(a) Residence, No. *4146* *Centrose* St., *10* Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth Love</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 3 1859</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>73</i>	<i>1</i>	<i>20</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc. <i>Trimmer</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Stone Mfg.</i>
	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) *Ironside, Mo., 1*

13. NAME *Unknown Love*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Elizabeth Love* (ADDRESS) *4146 Centrose*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Western Lutheran Ch.* DATE *Nov 26 1932*

19. UNDERTAKER (ADDRESS) *Widener's Funeral Home, 1826 W. Grand St., St. Louis, Mo.*

20. FILED **NOV 23 1932** *Max Parkington* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV 23 1932**, 19

22. I HEREBY CERTIFY, That I attended deceased from *July 29*, 1932, to *Nov 16*, 1932. I last saw him alive on *Nov 16*, 1932. Death is said to have occurred on the date stated above, at *4:30 A.M.*

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

Acute Myocarditis Date of onset *July!*
81A
93A
81

Other contributory causes of importance:
Ascending Paralysis 1 yr.

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.....
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?
If so, specify *Don't know*
(Signed) *W. B. Bransell*, M. D.
(Address) *4064 Olive*

WRITE PLAINLY, 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.

