

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARRIAGE RESERVED FOR DIVORCE

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.

JAN 23 1936

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

Do not use this space.

40971

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton (No. St. Louis County Hospital)

Registration District No. 790
Primary Registration District No. 6033

File No. _____
Registered No. 384 St. _____ Ward)

2. FULL NAME James S. Love

(a) Residence, No. 7806 Falk Ave St. _____ Ward. _____
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>About 85</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Broom Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Unknown</u>		
FATHER	13. NAME <u>Unknown Love</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>C. H. Parker</u> (ADDRESS) <u>1432 Blackstone Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>1/2/36</u> 19__		
19. UNDERTAKER <u>Robert J. Leubachter</u> (ADDRESS) <u>6633 Clayton Road</u>		
20. FILED <u>1/2</u> 19 <u>35</u> <u>Dr. H. J. Signarelli</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/35 19__

22. I HEREBY CERTIFY, That I attended deceased from 8th Dec 1935 to Dec 27 1935
I last saw him alive on Dec 27 1935 Death is said to have occurred on the date stated above, at 4.00 Pm.
The principal cause of death and related causes of importance were as follows:
arteriosclerosis General
Senility

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____
(Signed) Charles W. Parker, M. D.
(Address) 1432 Blackstone Ave

