JAN 13 1936

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

Do not use this space.

41110

1. PLACE OF DEATH
County St Johns Hospital — Registration District No. 791
Township — Primary Registration District No. 1003
City St Louis Mo (No. St Johns Hospital St. Ward)

File No.
Registered No. 10317

2. FULL NAME Audrey Lovelace
(a) Residence, No. 3853 Kennerly Ave St. 11 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF —
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1931

7. AGE: Years 4 | Months 2 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) St Louis Mo

FATHER
13. NAME Charles Lovelace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Grace Mc Kuhn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT Charles Lovelace
(ADDRESS) 3853 Kennerly ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgeview DATE Dec. 9, 1935

19. UNDERTAKER Goodhart & Goodhart
(ADDRESS) 2228 St Louis Ave

20. FILED DEC 7 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 — 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1935, to Dec 6, 1935
I last saw h. alive on Dec 6, 1935. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Heart	12-6-35
no definite heart disease	
Other contributory causes of importance:	
Acute Laryngitis	12-5-35
Streptococci Infection of throat	

Name of operation ..... Date of .....
What test confirmed diagnosis? Culture 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) John J. Kehoe, M. D.
(Address) 4145 St Louis 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.

THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DEPARTMENT OF REGISTRATION

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

DEPARTMENT OF REGISTRATION

(Type)

No. [illegible]

No. [illegible]

MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH (Name of hospital or institution, give street and number) 2. Was death from accident, homicide, or suicide? (Write yes or no) 3. Was injury in U. S. Army, Navy or Marine service? (Write yes or no)

(If occurred in city or town give street address or location)

(If not in hospital or institution, give street address or location)

(If not in city or town give township)

4. Was injury while at work? (Write yes or no) 5. Was injury while in U. S. Merchant Marine service? (Write yes or no)

6. Date of injury (Month, day, and year) 7. Hour of injury (Write A.M. or P.M.)

8. Place of injury (Specify whether at home, factory, farm, street, etc.)

9. Injury caused by (Specify whether collision, fall, burn, poisoning, etc.)

10. Was death caused by injury received while at work? (Write yes or no)

11. Was death caused by injury received while in military service? (Write yes or no)

12. Was death caused by injury received while in U. S. Merchant Marine service? (Write yes or no)

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