

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.

DEC 3 1936

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

Do not use this space.

43183

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 517 Precinct No. 2)

File No.....
Registered No. 11762
Ward.....

2. FULL NAME

Leon Love

(a) Residence, No. 2943 Easton St. 21 Ward.

Length of residence in city or town where death occurred 11 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 - 9 - 1893

7. AGE YEARS 43 MONTHS 2 DAYS 13 If LESS than 1 day, hr. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Mass.

13. NAME Jim Love

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

15. MAIDEN NAME Luella Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Latton

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PK DATE 11-28 1936

19. UNDERTAKER (ADDRESS) A. F. WALTON 2707 STODDARD

20. FILE NO. NOV 23 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 20 - 1936, to 11 - 22 - 1936

I last saw him alive on 11 - 22 - 1936 Death is said to have occurred on the date stated above, at 7:50 a. m.

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

Pyelo-Nephritis 11-20-36
non Calculi

Other contributory causes of importance: 133

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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?
If so, specify.....
(Signed) J. Owen Blaeh M. D.
(Address) 2945 Latton

