

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

Do not use this space.

SEP 10 1937

28961

**1. PLACE OF DEATH**

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

Registration District No. 791  
Primary Registration District No. 1002

File No. ....  
Registered No. 7594 St. .... Ward)

**2. FULL NAME** Carrie B. Loving

(a) Residence, No. 6903 Bradley Ave. St. 3 Ward.  
(Usual place of abode)

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 Paris E. Loving

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 69 7 13

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.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Penna.

13. NAME John Silver

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Russell M. Loving (ADDRESS) 6709 Arsenal Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sutton, Nebraska DATE August 12, 1937

19. UNDERTAKER Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED J. Bredbeck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to Aug 8, 1937

I last saw her alive on Aug 8, 1937 Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Bronchopneumonia  
Pyelitis, non calculous  
caused by chr. cystitis  
Date of onset 8-6-37

Other contributory causes of importance:  
Pyelitis, Chr. Nephritis,  
Chr. Cystitis, Nephritis  
(catarrhal)  
Date 7-22-37

Name of operation..... Date of.....  
What test confirmed diagnosis? (Urinal + Lab. autopsy?)

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. Bredbeck Registrar  
(Address) 5730 Southview Cir

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.

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