

REC'D MAR 13 1939

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

791
1003

4698
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 3
(b) Township St. Louis Mo Primary Registration District No. St. Louis Mo
(c) City St. Louis Mo (d) Street No. 1391 Registered No. 1391
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1071 George Love
3130 La Salle St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF minnie Love
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 1 57
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as 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) St. Louis Missouri

FATHER 13. NAME William Love
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Minnie Love
3130 La Salle

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE Feb 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) English Und. Co
2931 Lucas, ave.

20. FILED FEB 13 1939
J. L. Brudick
Local Registrar.

~~NO MEDICAL CERTIFICATE OF DEATH~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:55 p.

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

Diffused Generalized Peritonitis
Repairing Suture Wound
Date of onset _____

Other contributory causes of importance:

117a

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? MS
If so, specify _____
(Signed) Joseph M. Turner M.D.
(Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Louis V. Atkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address.....

3644, Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.