

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34782

State File No. _____

Registrar's No. _____

9320

NOV 13 1939
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4978 Reber Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Roger Eugene Love 1073

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Love 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov. 18 1870
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Frankfort Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Printer (composing room)

11. Industry or business Globe-Democrat

12. Name Frank W. Love

13. Birthplace Boston Massachusetts
(City, town, or county) (State or foreign country)

14. Maiden name Helen Kennedy

15. Birthplace Maine
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Love
(b) Address 4978 Reber Place

17. (a) Burial (b) Date thereof 11-2-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery
Kriegshauser Mortuar

18. (a) Signature of funeral director J. F. Bardich
(b) Address 4228 So. Kingshighway
19. (a) OCT 31 1939 (b) _____
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 4978 Reber Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1939 hour 6:45 minute _____ A.M. _____ M.

21. I hereby certify that I attended the deceased from Aug. 12 '39
Aug. 12, 1939, to October 30, 1939:
that I last saw him alive on October 30, 1939:
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Rhombic Myocarditis 2 year
Due to Rhombic Patential Nephrosis 3 yr

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Helen E. ... (M. D. or other) MD
Address 2606 Cherokee St Date signed Oct 31 39

Dr. Julius Rottler

2603
Charlotte
Pr: 3232 2-5

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edwin R. G. Gernatt
Licensed Embalmer No. 3024
P. O. Address.....

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.