DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37531

State File No.

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 9370

1. PLACE OF DEATH: 2

(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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2204a Randolph
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2204a Randolph
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Inez Love 100

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) 10 (Day) 1906 (Year)

8. AGE: Years 33 Months No Days 20 If less than one day hr. min.

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

10. Usual occupation House Work 1

11. Industry or business

FATHER
12. Name Geo W. Love 1
13. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Maria (Gettis) Love
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo W. Love
(b) Address 2204 Randolph St

17. (a) Washington Park C (Burial, cremation, or removal) (b) Date thereof 11-4-39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros Fun Home
(b) Address 3704 Finney

19. (a) NOV 1 1939 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day Oct
year 1939 hour 2 minute 30 PM.

21. I hereby certify that I attended the deceased from Oct 29, 1939, to Oct 30, 1939;
that I last saw her alive on Oct. 31, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature S. G. Walthall MD (M. D. or other)
Address 100 Lu Jefferson Ave Date signed 10-30-39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 Louis V. Atkins, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fanny

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.