

Registration District No.

784

Primary Registration District No.

109

Registrar's No.

2656

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7320 Vine St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 25 years

3. (a) PRINT FULL NAME WILLIAM H. LOVE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nonie Temple Love 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased October 19 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Irondale, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Dentist-retired

11. Industry or business \_\_\_\_\_

12. Name Thomas Shelby Love

13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

14. Maiden name Nannie McFarland (City, town, or county) (State or foreign country)

15. Birthplace Irondale Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. W. N. Love

(b) Address 7320 Vine St., Maplewood, Mo.

17. (a) Burial (b) Date thereof 12/30/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons (Inc)

(b) Address 6175 Delmar Blvd., St. Louis

19. (a) DEC 30 1941 (b) E. J. McSwain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7320 Vine St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th  
year 1941 hour 4:30 minute \_\_\_\_\_ P. A. M.

21. I hereby certify that I attended the deceased from Feb 12 1941 to Dec 27 1941;  
that I last saw him alive on Dec 27 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Left Duration 12-16-41

Due to Hypertension by 240/100 ?

Due to Chronic nephritis ?

Other conditions (Include pregnancy within 3 months of death) 1316

Major findings: Of operations none

Of autopsy none

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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(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) Means of injury 0

23. Signature Paul G. Barson (M. D. or other) MD

Address 3909 Olive Date signed 12-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

096  
5  
3

65-  
2-42

707

JAN 3

Dr. Farrow  
Wall Bldg  
3903 Ohio

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 Raymond L. Morris, Registered Apprentice No. 390 working under my personal supervision.

Signed Jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Dillman

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, fact should be so stated above.