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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 550
Registration District No. 1003 Primary Registration District No. Registrar's No. 8

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

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: 1449 Madison (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 26
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1449 Madison (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Molly Belle Love
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife John S Love
6. (c) Age of husband or wife if alive Decd years
7. Birth date of deceased Feb (Month) 11 (Day) 1857 (Year)
8. AGE: Years 84 Months 10 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) Ky (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Dont Know
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Carter
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Nettie Meyke
(b) Address 4464 Kossuth Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.
18. (a) Signature of funeral director Provost Und Co
(b) Address 3710 N. Grand Blvd.
19. (a) JAN 2 1942 (Date received by registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st year 1942 hour 7:20 minute A M.
21. I hereby certify that I attended the deceased from December 20 1941, to death Jan. 1st 1942, that I last saw her alive on December 31 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bronchitis	14 days
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis and arterio sclerosis	

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 Edwin Sauter (M. D. or other)
Address 5189 Enright Av. St Louis Mo. Date signed 1-2-42

(Licensed Embalmer's Statement on Reverse Side)

Edwin Sauter
5189 Enright
10-12

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 Robert L Brinkman

Licensed Embalmer No. 3553

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, fact should be so stated above.