

FILED FEB 11 1942

Registration District No. **788**

Primary Registration District No. **115**

Registrar's No. **252**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. University City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christian Old Peoples Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 2 Mos.
years, months or days)

3. (a) PRINT FULL NAME Benjamin Lafayette Lovell

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

4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Divorced Widowed
race

6. (b) Name of husband or wife Crista L. **6. (c) Age of husband or wife if** alive years _____

7. Birth date of deceased Sept. 20, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) a (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 6 (State or foreign country)

16. (a) Informant J. Menestina
(b) Address East St. Louis, Ill.

17. (a) Removal Removal **(b) Date thereof** Feb. 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis, Ill.

19. (a) FEB 2 1942 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County St. Clair **999**
 (c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1528 N. 49th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31,
year 1942 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 31
1942 to Jan 31 1942;
that I last saw him alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension
Duration 2 1/2

Due to arteria sclerosis ?

Due to _____

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

PHYSICIAN
 Major findings: _____
 Of operations 930
 Of autopsy no
 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 [Signature] (M. D. or other)
Address 602 N. Grand St. Date signed 2-2-42

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

76
3
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.....

A. G. Kurrup Jr.
Licensed Embalmer No. 3162

P. O. Address East St. Louis, Ill.

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.