U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26012

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6988

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 5 12 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5603 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pauline Love

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife William Edward Love

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

7. Birth date of deceased 12 (Month) 25 (Day) 1873 (Year)

8. AGE: Years 68 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Danville (City, town, or county) Va. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Guerant
13. Birthplace Lynchburg (City, town, or county) Va. 1 (State or foreign country)

MOTHER
14. Maiden name Louise Harnsberger
15. Birthplace (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant Mrs. Robert McMelzan
(b) Address 5258 Maple Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 21 (Day) 1942 (Year)
(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Blvd.

19. (a) AUG 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19. year 1942 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from August 7. 1942 to August 19. 1942 that I last saw her alive on August 19. 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chyle thorax

Due to Sarcoma of retroperitoneal tissue - Lymphosarcoma

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

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 0

23. Signature Louis G. Neudorff (M. D. or other)
Address 1515 Lafayette Avenue Date signed 8/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullah

Licensed Embalmer No. 2468

P. O. Address 6175 Delmar

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.