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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 284

Primary Registration District No. 208

Registrar's No. 230

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch

(c) Name of hospital or institution: Robt. Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 1/2 mos.
(Specify whether In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4247 Garfield
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Love, Charles

3. (b) If veteran, name war.....

3. (c) Social Security No. 708-16-9277

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day January year 1943 hour one minute 45 A.M.

4. Sex male 5. Color or race negro

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

6. (b) Name of husband or wife Beatrice Love

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Feb. 6 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 9 1941 to Jan 27 1943 that I last saw him alive on 1/26 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>21</u> hr. min.

Immediate cause of death pulmonary tuberculosis 3 1/2 yrs

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

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation mechanic

Major findings: Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name Charles Love

13. Birthplace Yazoo Miss.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name Lula Taylor

15. Birthplace Yazoo Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant pt. on entry to hosp.

(b) Address.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?

17. (a) Burial (b) Date thereof 1-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Ave.

While at work..... (Specify type of place)

(e) Means of injury.....

19. (a) JAN 29 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or other)
Address Koch Hospital Date signed 1/27/43

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

11-2-43

APR 12 1943

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.....

Jetic Gray Perkins
.....

Licensed Embalmer No.

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.