

FILED MAR 23 1943

Registration District No. **818** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(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: **Homer Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days** (Specify whether
In this community **40 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1338 Elliott** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Lima Love**

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

4. Sex **Female** 5. Color or race **col** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **10-1877** years
7. Birth date of deceased. **Feb 10-1877** (Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **4** If less than one day hr. min.

9. Birthplace **Lanseria MO** (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Domestic**

MOTHER FATHER
12. Name **TOM COTHMAN**
13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **Callie Toole**
(b) Address **1613 N Glasgow Ave.**

17. (a) **Burial** (b) Date thereof **3-18-43** (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Ellis Fun Home**
(b) Address **2920 E Todd St**

19. (a) **MAR 16 1943** (b) **J. F. Budick** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**, year **1943** hour **7** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **March 8**, 19**43** to **March 14**, 19**43**; that I last saw her alive on **March 14**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Ca. of Right Breast with Extension metastases** Duration **3 years**

Due to **50**
Due to
Other conditions (Include pregnancy within 3 months of death)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature **C. R. Gresham** (M. D. or other) Address **2601 Whittier** Date signed **3/15/43**

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

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 L. Bayne
....., Registered Apprentice No. Sup
working under my personal supervision.

Signed

Lorraine Bayne
.....
Licensed Embalmer No. 2946

P. O. Address

St. Louis MO

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.