

ED MAY 18 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4367

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Josephine Heitkamp Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 8 Hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County \_\_\_\_\_  
(c) City or town City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5021 Grace  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Lovercheck

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 8 hr. 30 min.

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

10. Usual occupation none

11. Industry or business none

12. Name Joseph Lovercheck

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

14. Maiden name Nellie Brown

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Lovercheck

(b) Address 5021 Grace

17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) MAY 1943 (b) J. J. Presnak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1943 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from May 10 1943 to May 10 1943  
that I last saw him alive on May 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Tremulous Instrumental Pelvis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(a) Years of injury \_\_\_\_\_

23. Signature Walter Hans (M. D. or other) \_\_\_\_\_

Address 4121 Virginia Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*4218*

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.**