

U. S. No. 2  
FORM-5-42  
Rev. 5-17-39  
I X3277

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4870

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4147a Flad Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

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

(d) Street No. 4147a Flad Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas C. Lovitt

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex. Male 5. Color or race. White

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

6. (b) Name of husband or wife. Theresa Lovett

6. (c) Age of husband or wife if alive. 66 years

7. Birth date of deceased Feb. 15, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 3 8 hr. min.

9. Birthplace. Sandusky Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation. retired

11. Industry or business.....

12. Name. John Lovett

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

14. Maiden name. Margaret Costello

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

16. (a) Informant. Mrs. Theresa Lovett,

(b) Address. 4147a Flad Ave.

17. (a) Burial (b) Date thereof. May 27, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. S. S. Peter and Paul

18. (a) Signature of funeral director. Weick Bros.

(b) Address. 2201 S. Grand Bl.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 23  
year. 1943 hour. 5 minute. 30 A. M.

21. I hereby certify that I attended the deceased from May 1943  
....., 19..... to May 23, 1943;  
that I last saw him alive on May 15, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Sclerosis

Due to. arteriosclerosis

Due to.....

Other conditions. Permanous Anemia  
(Include pregnancy within 3 months of death)

Duration  
3-4 years  
30 yrs

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....

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. Thomas M. Martin (M. D. or other)  
Address. 634 No Grand Date signed. 5/25

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

MOTHER FATHER

*Mr. [unclear]*  
*11/10/1918*  
*1-1-19*

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**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.....

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St......

**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.**