

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40178

FILED JAN 12 1944  
318

State File No. \_\_\_\_\_

Registrar's No. 11869

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
Life (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John Love

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

4. Sex Male 5. Color or race Col 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 March 8 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 9 16 hr. min.

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

10. Usual occupation Porter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hampton Love

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Carlyn Carter

15. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Miller

(b) Address 1335 Cole St

17. (a) Buried (b) Date thereof 12-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell

(b) Address 1741 Taylor Ave

19. (a) DEC 30 1943 (b) J. J. Brunk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17 25

(c) City or town St. Louis, 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 1531 Franklin  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24,  
year 1943 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from December  
15, 1943 to December 24, 1943  
that I last saw him alive on December 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Autopsy: Aorta, aneurysm (Luetic)

Duration Unk.

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

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 J. J. Brunk (M. D. \_\_\_\_\_)  
Address 1301 N. Whittier Date signed 12/29/43

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.....

William C. McDowell, Registered Apprentice No.....  
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.**