

Registration District No. **216**

Primary Registration District No. **6025**

Registrar's No. **130**

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

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 yrs. 6 mos. 21
(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. 4755 Cote Brilliant
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MELCENA LYDIA LOVEJOY
 3. (b) If veteran, name war No 3. (c) Social Security No. 498-01-4101

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 24th
 year 1944 hour 3 minute 03 P. M.
 21. I hereby certify that I attended the deceased from December 2, 1942, to June 24, 1944
 that I last saw her alive on June 24, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W.
 6. (a) Single, widowed, married, divorced, Separated
 6. (b) Name of husband or wife Leslie Lovejoy
 6. (c) Age of husband or wife if alive Unk. years
 7. Birth date of deceased May 16, 1919
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia Duration 1 day
 Due to _____
 Due to _____
 Other conditions 107
(Include pregnancy within 3 months of death)

8. AGE: Years 43 Months 1 Days 8
 If less than one day hr. _____ min. _____

Major findings: Of operations _____
 Of autopsy No autopsy.
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Spencer West Virginia
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife and waitress

11. Industry or business
 12. Name Smith
 13. Birthplace Spencer West Virginia
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Roane City West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Mo.
 17. (a) Burial (b) Date thereof 6-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cem., St. Louis, Mo.

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) Means of injury
 23. Signature Frank J. Nichols (M. D. or other) _____
 Address Farmington, Mo. Date signed 6-25-44

18. (a) Signature of funeral director Edw. F. Howard & Sons
 (b) Address 4212 St. Louis Ave., St. Louis, Mo.
 19. (a) Aug 2 1944 (b) James J. Nichols
(Date received local registrar) (Registrar's signature)

1373

RECEIVED

District Health Officer No. 4
District File Number 844-4227
Date Filed 8-12-44

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 *C. McLean*

Licensed Embalmer No. 4084

P. O. Address *Farmington, N.H.*

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.