U. S. No. 2
OM—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22223

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6598

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: 2944 A. Laclede Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 43 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis. 17 18
(If outside city or town limits, write "RURAL")
(d) Street No. 2944 a. Laclede Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Loving
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Loving
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 8, 1871. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	18	7 hr. 30 min.

9. Birthplace Chesterfield, Mo. A (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Charles Loving
13. Birthplace Chesterfield, Mo C (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Monroe
15. Birthplace Chesterfield, Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Ella Loving
(b) Address 2944 a. Laclede Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/45. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 N. Taylor Ave
19. (a) JUL 27 1945 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26 year 1945 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from MARCH 15, 1945 to JULY 26, 1945 that I last saw him alive on JULY 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis, 1 year
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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature W. H. G. Clark (M. D. or other)
Address 2748 a Franklin Date signed 7-26-45

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain

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.

St Louis 13 - Mo