S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1946

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

34802

State File No. 0

Registrar's No. 3168

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6407 Suburban 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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Wellston
(If outside city or town limits, write "RURAL")
(d) Street No.: 6407 Suburban Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM R. LOVE

3. (b) If veteran, name war: World War # 2

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Elaine Love

6. (c) Age of husband or wife if alive: 21 years

7. Birth date of deceased: August (Month) 18 (Day) 1918 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	2	6	hr. min.

9. Birthplace: Mokane (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: George Love
13. Birthplace: Calloway County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Christian Kuchler
15. Birthplace: Calloway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Elaine Love
(b) Address: 6407 Suburban Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mokane, Missouri

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) 10-28-46 (Date received local registrar) (b) Ruth Fallen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1946 hour minute M.

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

Immediate cause of death | Duration

Due to: carbon monoxide poisoning caused by fire in his home.

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:

XXXXXXX

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): Accident 96
(b) Date of occurrence: October 24, 1946
(c) Where did injury occur? Wellston, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home. (Specify type of place)
While at work? (e) Means of injury: Carbon monoxide poisoning.

23. Signature: Arnold J. Wilmans Coroner XXXXXXXX 3
Address: Clayton, Mo. Date signed: 10/28/46

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1947

OCT 30 1947

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. James A. Lammers

Licensed Embalmer No. 4142

P. O. Address. St. Louis

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.