No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6670

FILED MAR 11 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1933

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hosp. (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): 6 hrs.
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: 999
(c) City or town: Alton (If outside city or town limits, write "RURAL") "
(d) Street No.: R.R. (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No) No
If yes, name country:

3. (a) PRINT FULL NAME: INFANT LOVERIDGE
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: FEB. (Month) 24 (Day) 1948 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 6 hr. min.
9. Birthplace: St Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Nil
11. Industry or business: Nil
FATHER 12. Name: Warren Loveridge
13. Birthplace: St Louis County (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Peggy Bradley
15. Birthplace: Springfield (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Warren Loveridge
(b) Address: Alton Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset Bur. Park
18. (a) Signature of funeral director: John L. Ziegenheim & Sons
(b) Address: 7027 Grand
19. (a) FEB 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Feb. day: 25, year: 1948 hour: 3 minute: A.M.
21. I hereby certify that I attended the deceased from: Birth 2/24, 1948 to 2/25, 1948 that I last saw him alive on: 2/24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: prematurity	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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:
23. Signature: D. Mosser (M. D. or other) M.D.
Address: 607 N Bend Date signed: 2/25/48

Jefferson City Printing Co.

(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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.