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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27960

FILED SEP 13 1948 18

State File No. _____

7788

Registration District No. _____

Primary Registration District No. 1003

Registrar's 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:
Barnes Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 90

(d) Street No. 2832 Caroline St. 22
(If rural, give location)

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

3. (a) PRINT FULL NAME James Permanus Lovelace

3. (b) If veteran, name war No 3. (c) Social Security No. 440-031-5207

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rachel Lovelace 6. (c) Age of husband or wife if alive 54 years
24 1894
(Month) (Day) (Year)

7. Birth date of deceased January
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1948 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from August 26
1948 to September 2 19 48
that I last saw him alive on September 2 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 95
Due to Cardiac failure
Due to Rheumatic heart disease 15 yrs.

8. AGE: Years 54 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Brunot Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Clerk

11. Industry or business Shapleigh Hdwe. Co.

12. Name Manuel Lovelace

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

14. Maiden name Unknown

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

16. (a) Informant Rachel Lovelace
(b) Address 2832 Caroline St.

17. (a) Burial (b) Date thereof 9-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Arc, Mo.

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

19. (a) SEP 3 1948 (b) J. F. Bradley
(Date received local registrar) (Registrar's signature)

Other conditions Adenocarcinoma of ascending colon surgically removed with no evidence of recurrence PHYSICIAN
(Include pregnancy within 3 months of death)

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy As above

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. F. Bradley (M. D. or other) 9/7/48
Address Barnes Hospital Date signed _____

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

MOTHER FATHER

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

Robert M. Murray

Licensed Embalmer No. *37491*

P. O. Address *St. Louis, Mo*

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.