

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35353

9158

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY over	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital	
3. NAME OF DECEASED (Type or Print) E verett		a. (First) C C		b. (Middle) L ovell	
c. (Last) L ovell		4. DATE OF DEATH Oct 24 1949		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 26, 1895	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY Larkin Parker Co		12. CITIZEN OF WHAT COUNTRY? D	
13a. FATHER'S NAME Jacob Lovell		13b. MOTHER'S MAIDEN NAME Lovellen Hazlip		14. NAME OF HUSBAND OR WIFE Gwendolyn Lovell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Gwendolyn Lovell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart Acute Coronary</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Valvular Terminal Illness</i> DUE TO (c) <i>None</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>None</i> 1220	
21d. TIME OF INJURY Months (Day) (Year) (Hour) m. <i>None</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>None</i> 5703	
22. I hereby certify that I attended the deceased from <i>10/23, 1949</i> , to <i>10-24, 1949</i> , that I last saw the deceased alive on <i>10/24, 1949</i> , and that death occurred at <i>12:30 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Gene D. Pichly</i>		23b. ADDRESS <i>6125 Burtner</i>		23c. DATE SIGNED <i>10/25/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Indian Creek, Mo	
24d. LOCATION (City, town, or county) (State) Indian Creek, Missouri		DATE REC'D BY LOCAL REG. OCT 25 1949		REGISTRAR'S SIGNATURE <i>J. W. Sauter</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>A. Krow La U. Co.</i>		ADDRESS <i>2707 N. Grand</i>			

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

P. 10.

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stanley H. Lidow

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.