

FILED FEB 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2745

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 968

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus 0501
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)
a. (First) Lulu b. (Middle) _____ c. (Last) Lovvorn

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 29, 1950

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 15, 1884
9. AGE (In years last birthday) 65

IF UNDER 1 YEAR Hours Min. IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Bonn Terre, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Johnston Vandover

13b. MOTHER'S MAIDEN NAME Anna Cole

14. NAME OF HUSBAND OR WIFE William Lovvorn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Lovvorn, Festus, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intralobular Obstruction
ANTECEDENT CAUSES DUE TO (b) Cancer of Pancreas
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis & Cholelithiasis

INTERVAL BETWEEN ONSET AND DEATH 3 Wks.
Indefinite

19a. DATE OF OPERATION 1-19-50

19b. MAJOR FINDINGS OF OPERATION Intralobular Obstruction
Cholecystitis & Cholelithiasis

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157K

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-5-1949, to 1-29-1950; that I last saw the deceased alive on 1-28-1950, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) John H. Hayward

23b. ADDRESS 508 No. Grand, Mo. St. Louis 3

23c. DATE SIGNED 1-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-29-50

24c. NAME OF CEMETERY OR CREMATORY Rose Lawn

24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 30 1950

REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Edmond R. Rueluis

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.