

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24885

BIRTH NO. 56167-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 24885

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0120</u> OR TOWN <u>Broseley</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Loveless</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-9-50</u>
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Welman F. Loveless</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Inez Vance</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>J. Edgar</u>	
18. ADDRESS <u>500 So. Kingshighway</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Esophageal stricture</u>		DUPLICATE		<u>8 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>tracheoesophageal fistula</u>				<u>8 days</u>	
DUE TO (c) <u>Tension pneumothorax (spont.-op.)</u>				<u>1 hr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>9-13-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>tracheoesophageal fistula + esophageal stricture</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>756.2</u>	

22. I hereby certify that I attended the deceased from 9-12, 1950, to 9-17, 1950, that I last saw the deceased alive on 9-17, 1950, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. P. Smith, M.D.</u>		(Degree or title)		23b. ADDRESS <u>500 So. Kingshighway</u>	
23c. DATE SIGNED <u>9-17-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9/17/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Broseley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Broseley, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer & Sons</u>	
DATE REC'D BY LOCAL REG. <u>SEP 18 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>3934 N. 20th St.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2009

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Neville D. Frohvetter

Licensed Embalmer No. 3696

Signed.....

Student Embalmer

P. O. Address 394 N. 20th ST.

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.