

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24938**  
**6462**

FILED JUL 28 1951

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>3</b>				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2189</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Inroute City Hospital</b>				STREET ADDRESS (If rural, give location) <b>4546 Gibson Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Buford</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Lovelace</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 18, 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Jan. 11, 1905</b>	
9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 10 MIN. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Ind. Packing Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Florence, Ala.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Richard Lovelace</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Virginia Perkins, 241 Vets Pl., Rt. 2</b>			
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) <b>Fr of skull; Brain injury</b> ANTECEDENT CAUSES <b>suffered about 9:58 pm July 17, 1951, when struck by auto driven by one Willis P. Clark out intersection of Tauldier and Chestnut Avenues.</b> II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Criminal Circled</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUCIDE UNKNOWN <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>July 17 51 9:58 pm</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>EA 24</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:50 A.M.</b> , from the causes and on the date stated above. <b>25</b>							
23. SIGNATURE (Degree or title) <b>Patricia E Taylor Coroner</b>				23b. ADDRESS <b>1305 Clark</b>		23c. DATE SIGNED <b>7/19 51.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-21-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>emorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 19 1951</b>		REGISTRAR'S SIGNATURE <b>J B Coroner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

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

*Green*  
*Green*

**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 *Edward H. Remelius*

Licensed Embalmer No. *4283*

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.