

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29124

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY St. Charles 0723		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles 720	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Julia	b. (Middle) H.	c. (Last) Lovett	4. DATE OF DEATH (Month) (Day) (Year) 8-15-52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 7	8. DATE OF BIRTH 1-13-1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 7 Months 2 Days	IF UNDER 24 HRS. 2 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) New Truxton, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick Winter	13b. MOTHER'S MAIDEN NAME Dorothea Richterberg	14. NAME OF HUSBAND OR WIFE Frank Lovett
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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 Maurine Hackmack, St. Peters, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (L)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. - DUE TO (b) Cardiovascular Atherosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8/8, 1952 to 8/15, 1952, that I last saw the deceased alive on Aug 15, 1952, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE George R. Seabrook M.D.	23b. ADDRESS Osallon, Mo.	23c. DATE SIGNED Dec 16 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-17-52	24c. NAME OF CEMETERY OR CREMATORY Zion CEMETERY	24d. LOCATION (City, town, or county) (State) New Truxton, Mo.
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DATE REC'D BY LOCAL REG. 8-17-52	REGISTRAR'S SIGNATURE Maurine Hackmack	25. FUNERAL DIRECTOR'S SIGNATURE Go. Stupate	ADDRESS St. Peters, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FEB 11 1955

APR 3 1957

[Handwritten signature]

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 *E. Keitely*

Licensed Embalmer No. 877

P. O. Address Dallow M

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.