

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4327

State File No. _____

XC-1 226 126
Reg. 107349
FILED JAN 30 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0256

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>ST. LOUIS</u>		a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>34 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1736 GATY STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>PERRY</u> b. (Middle) <u>O.</u> c. (Last) <u>LOVELESS</u>			<u>1-23-53</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-16-92</u>
		9. AGE (In years less birthday) <u>60</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OILER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT PACKING CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ESSEX, MISSOURI</u>
13a. FATHER'S NAME <u>PERRY LOVELESS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA LOVELESS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</u>
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.			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LYMPHOSARCOMA, DIFFUSE</u>			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>NONE</u>			
DUE TO (c) <u>NONE</u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
DUE TO <u>NONE</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>2007</u>	
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?	
22. I hereby certify that I attended the deceased from <u>12-20-52</u> , 19 <u>52</u> , to <u>1-23-53</u> , 19 <u>53</u> , and that death occurred at <u>8:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Emmett D. Wall</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS., MO.</u>	23c. DATE SIGNED <u>1-23-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>26 Jan 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-23-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Double</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>8322 S. Grand, St. Louis, Mo.</u>	

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

JUL 14 1953

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

David Van Jordan

Licensed Embalmer No. *43242*

P. O. Address *6322 So Grand*

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.