FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33630

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8568

1. PLACE OF DEATH
a. COUNTY: MISSOURI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 915 N. 21 st. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2219
d. STREET ADDRESS (If rural, give location): 21 915 N. 21 st. Street

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle):
c. (Last): LOVE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 30 1953

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 16, 1890
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 0 Days 14 — 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: same
11. BIRTHPLACE (City and State or Foreign Country): Simpson County, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Warren Smith
13b. MOTHER'S MAIDEN NAME: Jane (?)
14. NAME OF HUSBAND OR WIFE: Andrew Love

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Savannah Lewis, 915 N. 21st St.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Virus Pneumonia bowl Lungs — INTERVAL BETWEEN ONSET AND DEATH: Jan 17-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Bronchitis
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
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): 492X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 8-20, 1953, *to* 8-30, 1953, *that I last saw the deceased alive on* 8-30, 1953, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): LeRoy Kobbe M.D.
23b. ADDRESS: 1420 N. Taylor
23c. DATE SIGNED: 9-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9/4/53
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: SEP 3 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: GATES FUNERAL HOME Charles J. Gates, 4107 Finney Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Aven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

• If this body is not embalmed, fact should be so stated above.