

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24878**  
Registrar's No. **6788**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN <b>Saint Louis</b>		c. CITY OR TOWN <b>Saint Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4218 A Papin</b>		e. STREET ADDRESS (If rural, give location) <b>18 4218 A. Papin</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Luella</b> b. (Middle) c. (Last) <b>Lovings</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 18 54</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>Negro</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 21, 1900</b>
9. AGE (In years last birthday) <b>53</b>	10. MONTHS <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day work</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <b>Monticello, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>

13a. FATHER'S NAME <b>Solomon Burk</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas J. Lovings</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.	17. INFORMANT'S SIGNATURE OR NAME <b>Nathaniel Lovings</b> ADDRESS

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, asthma, 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) <b>Carcinoma of uterus</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>M</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>174X</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <b>7/17, 1954</b> to <b>7/18, 1954</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:45</b> m., from the causes and on the date stated above.		

23a. SIGNATURE <b>D. J. Papin M.D.</b> (Degree or title)	23b. ADDRESS <b>306 Cheater</b>	23c. DATE SIGNED <b>7/20/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Saint Louis, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>JUL 22 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Kooze</b> ADDRESS <b>1221 N Grand</b>
---	--	---

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.....  
Signature of Student Embalmer

Signed *Gupton Swan*.....

Licensed Embalmer No. 450.....

P. O. Address 1221 N 4.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.