

No. 300
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FILED SEP. 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. **29068**
Registrar's No. **7434**

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 Missouri b. COUNTY Phelps.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY OR TOWN St. James	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) DOA		e. STREET ADDRESS (If rural, give location) 0810	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Rodger b. (Middle) Lewis c. (Last) Love			4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1954.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 7, 1935	9. AGE (In years last birthday) 19	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Sherrard, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Love.	13b. MOTHER'S MAIDEN NAME Zel phia Marie Love.	14. NAME OF HUSBAND OR WIFE None.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George B. Love, Salem, Mo. Rt. 4		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of the heart, self inflicted in Room 1505, at 1528 Locust Street about 11:15 pm on August 8th, 1954.		INTERVAL BETWEEN ONSET AND DEATH Room 1505
	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 Suicide	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SIGNATURE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Room	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Phelps County Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 54 11 p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E976x

22. I hereby certify that I attended the deceased from **10** **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Patrick Taylor Crowder	23b. ADDRESS 1500 Clark	23c. DATE SIGNED 8.11.54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-10-54	24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Phelps County, Mo.
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DATE REC'D BY LOCAL REG. AUG 11 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M Murray*

3749
Licensed Embalmer No.....

P. O. Address *St. Louis*

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.