

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1957

STATE FILE NUMBER

44854

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11989

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ENROUTE CITY Hosp.</i>			Length of stay in 1b <i>224</i>	d. STREET ADDRESS (If outside, give location) <i>2743 ARSENAL</i>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>HENRY</i> Middle <i>F.</i> Last <i>LOVELACE</i>				4. DATE OF DEATH Month <i>DEC.</i> Day <i>28</i> Year <i>1956</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <i>APRIL 3 1927 29</i>		9. AGE (In years last birthday) <i>29</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PRINTER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>COMFORT PRTE.</i>		11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>JAMES LOVELACE</i>				14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WAR II</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT <i>DOROTHY LOVELACE</i>		Address <i>2743 ARSENAL</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carbon Monoxide;</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>when deceased was found</i>						
	DUE TO (c) <i>in auto with hose attached</i>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>To Exhaust near Levee</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>and Chateau, on December</i>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. <i>12 28 56</i> p. m.		28th 1956.		E 973.1			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Automobile</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		COUNTY STATE	
21. I attended the deceased from <i>420 A</i> , to <i>---</i> and last saw her/him alive on <i>---</i> . Death occurred at <i>---</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Degree or title) <i>Patrick C. Taylor Coroner</i>				21b. ADDRESS <i>1300 Clark</i>		21c. DATE SIGNED <i>12.28.56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>DEC. 31 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>	
24. FUNERAL DIRECTOR <i>Thomas Kute 2906 Prairie</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>DEC 28 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

M. J. B.

health, welfare, public service
 300-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms must be stated. Doctor, coroner, etc. must use only standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 39

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.