

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-021485

STATE FILE NUMBER

673

FILED JUL 8 1958

Registration District No. 4185 Primary Registration District No. 4185 Registrar's No. 673

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8/28

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair, Mo.		a. STATE Ill.		b. COUNTY Cook	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION none		Length of stay in 1b -		c. CITY OR TOWN Chicago		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Stovon		Middle Grog		Last Lovey		Month July Day 1 Year 1958	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 5, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) 4		IF UNDER 1 YEAR: Months 9 Days 24 Hours Min.	
11. BIRTHPLACE (City and state or country) Chicago, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Harold Lovey				14. MOTHER'S MAIDEN NAME Bornice Rita Greenberg			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Harold Sevey, 9732 S. Merrill			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pharynx, laceration and</i>							
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <i>fracture of skull with concussion</i> DUE TO (c) <i>laceration of brain</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input 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>Subject was struck in auto.</i>					
20c. TIME OF INJURY Hour 11:00 a. m. Month, Day, Year 7-1-58		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office (bldg., etc.)) <i>2 miles West of St. Clair Franklin Mo.</i>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 036 COUNTY Franklin Mo.		STATE Ill.			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title) _____				22b. ADDRESS _____		22c. DATE SIGNED 7/1/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3 July 58		23c. NAME OF CEMETERY OR CREMATORY Waldholm Com.		23d. LOCATION (City, town, or county) Forest Park Ill.	
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS _____				25. DATE RECD. BY LOCAL REG 1-July-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Sherrill W. Kitchell*

Licensed Embalmer No. *38*

P. O. Address *St. Clair*

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

BURIAL