

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-042847
 State File No.

FILED DEC 10 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3092

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY Mo</u>	c. LENGTH OF STAY (in this place) <u>38 DAYS</u>	c. CITY OR TOWN <u>LEMAY 4870</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT ST. ROSE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>320 E. RIPA</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SISTER M. FLORENCE</u>	b. (Middle) <u>LOVETT</u>	c. (Last) <u>LOVETT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24 1958</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB. 19 1893</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teach</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES LOVETT</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET O'HARE</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>SISTER MELITA</u>	ADDRESS <u>320 E. RIPA</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myelogenous Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs (2)</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2041A</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 17, 1958, to Nov 24, 1958, that I last saw the deceased alive on Nov. 23, 1958, and that death occurred at 5-1 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Sturmer M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4401 Hampton</u>	23c. DATE SIGNED <u>11-24-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 26 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOTHER HOUSE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>11-26-58</u>	REGISTRAR'S SIGNATURE <u>Hubert A. Donohue</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kute</u>	ADDRESS <u>7906 Gravois</u>
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sam E Hill*.....

Licensed Embalmer No. *4347*.....

P. O. Address *2906 Bram*.....

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.