

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023151
STATE FILE NUMBER

FILED JUN 19 1959

Registration District No.

Primary Registration District No.

Registrar's 2 5074

S. 300
v. 1-57
2
S
00

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ballwin 4000		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Length of stay in lb 1 Day	d. STREET ADDRESS (If outside, give location) 335 Ries Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE A. LOVELL			4. DATE OF DEATH Month Day Year MAY 25 1959		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 28 1884		9. AGE (In years) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bartender		10b. KIND OF BUSINESS OR INDUSTRY Grants Farm	11. BIRTHPLACE (City and state or country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Lovell		13b. MOTHER'S MAIDEN NAME Eliza Wedge		14. NAME OF HUSBAND OR WIFE Ima Lovell-Divorced	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If ever, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Loretto Raftery Ballwin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>genl arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>at least 7 yrs</u>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov. 1952</u> to <u>May 25, 1959</u> and last saw him alive on <u>May 24, 1959</u> Death occurred at <u>3:15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert M. Smith M.D.</u>			22b. ADDRESS <u>114 N. Taylor</u>		22c. DATE SIGNED <u>5/26/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-28-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> <u>St. Charles Rock Rd.</u>
24. FUNERAL DIRECTOR <u>Schrader Funeral Home Ballwin Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>MAY 26 '59</u>		26. REGISTRAR'S SIGNATURE <u>Neil Smith, M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Richard Bapp*

Licensed Embalmer No. *4584*
P. O. Address *Ballerwin, W*

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.