

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026892

FILED VS. AUG 5 1959

Primary Registration District No. Registrar's No.

2 7037

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (IF NOT in hospital give location) HOSPITAL OR INSTITUTION <i>St. Joseph</i>		d. STREET ADDRESS (If outside, give location) <i>3814 Kennerly</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Hubert Louis Love</i>		4. DATE OF DEATH Month Day Year <i>6 30 59</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-29-1959</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>Hubert Columbus Love, Jr.</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or Unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
48. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Jaundice of Colonic Anesthesia. While undergoing operation at Honor S. Phillips Hosp.</i>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>see June-59-59</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Undergoing</i>	
20c. TIME OF INJURY Hour <i>11:30</i> Month, Day, Year <i>6 30 59</i>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>St. Louis</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CHY. TOWN, OR LOCATION <i>St. Louis</i>	
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph M. Bunn</i> (Degree or title)		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>7/1/59</i>		23. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
23. BURIAL, CREMATION, REMOVAL (Specify) <i>7-31-59</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>JUL 30 59</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY-AFFIDAVIT OF

Rowland Aker Mortuary Service
4104 Manchester Ave.
St. Louis 10, Mo.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.