

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026893

STATE FILE NUMBER

2 6214

FILED VS JUL 24 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's 2 6214

28  
S. 300  
1-57  
193

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>2410 Cass Apt 603</b>	
3. NAME OF DECEASED (Type or print) First <b>Lois</b> Middle Last <b>Love</b>		4. DATE OF DEATH Month <b>6</b> Day <b>28</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Spt 22, 1932</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salad Girl</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Food</b>	11. BIRTHPLACE (City and state or country) <b>Beulah Miss.</b>
13a. FATHER'S NAME <b>Oscar Love</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bell Thomas</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>425-30-6915</b>	17. INFORMANT Address <b>Eddie Limer 3061 Marcus Ave.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ruptured Spleen.</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>Suffered in collision between Ball, in which deceased operated by one Arthur Flody at intersection of Montgumery and Blattery about 153 a.p., June 28 1959.</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>201 Street</b>	
20c. TIME OF INJURY Hour <b>6:28</b> a.m. Month, Day, Year <b>6 28 1959</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. CITY, TOWN, OR LOCATION <b>St. Louis Mo.</b>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred on _____ 22a. SIGNATURE (Deputy) <b>Paul Simon Coroner</b> 22b. ADDRESS <b>1300 Clark Ave.</b> 22c. DATE SIGNED <b>7/1/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-2-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cleveland Miss.</b>
24. FUNERAL DIRECTOR ADDRESS <b>L. U. Bannister 4251 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 1 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>

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.

M. Y. B.

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 *Leroy W. Bannister*

4523  
Licensed Embalmer No.....  
P. O. Address 4251 Washington.....

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.