RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 27 1959

59-030590

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7521

1. PLACE OF DEATH
a. COUNTY: ~~St Louis~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b: 2 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St John Hospital.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Franklin
c. CITY OR TOWN: St. Clair, Mo.
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): none
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Wesley Middle: Bruno Last: Loveless
4. DATE OF DEATH: Month: Aug Day: 12 Year: 1959.
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar 4 1886
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: 5 Days: 8
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Street Car work
11. BIRTHPLACE (City and state or country): Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Perry Loveless
13b. MOTHER'S MAIDEN NAME: unknow
14. NAME OF HUSBAND OR WIFE: Stella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 494-01-0497
17. INFORMANT: Wilma Loveless, Address: St. Clair, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Coronary Thrombosis
DUE TO (c): 420.1
INTERVAL BETWEEN ONSET AND DEATH: 1 Day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinomatosis due to Ca of Rectum.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 1958 to 8-12-59 and last saw ~~her~~ him alive on 8-12-59
Death occurred at 2⁰⁰ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl J. Klein MD
22b. ADDRESS: 18 Kingshighway
22c. DATE SIGNED: 8-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 15 1959
23c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
23d. LOCATION (City, town, or county) (State): St Chair, Mo.

24. FUNERAL DIRECTOR: Sherwood W. Kitchell
ADDRESS: St. Clair Mo.
25. DATE RECD. BY LOCAL REG.: AUG 13 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Sherwood W. Kitch

Licensed Embalmer No. 3873

P. O. Address St Clair

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