

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021227

FILED VS JUN 15 1960

318

1003

5864

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Length of stay in 1b <i>2 YRS</i>	c. CITY OR TOWN <i>ST. LOUIS</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2714 S. JEFFERSON</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2714 S. JEFFERSON</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>JOSEPH RUBEN LOVELAND</i>			4. DATE OF DEATH Month Day Year <i>6-6-1960</i>
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-2-1903</i>
9. AGE (last birthday) <i>57</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LAUNDRY WASHER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>LAUNDRY</i>	11. BIRTHPLACE (City and state or country) <i>SPARTA, ILL</i>
12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		13a. FATHER'S NAME <i>CHESLEY LOVELAND</i>	
13b. MOTHER'S MAIDEN NAME <i>HELEN YOUNG</i>		14. NAME OF HUSBAND OR WIFE <i>RUTH LOVELAND</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>488-09-2181</i>	17. INFORMANT Address <i>MRS. RUTH LOVELAND 2714 S. JEFFERSON</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH IS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardiac Collapse</i> DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Muscular Dystrophy</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>422.2</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 <i>June 6</i> to <i>June 6/60</i> and last saw him alive on <i>June 6/60</i> Death occurred at <i>2:15 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. Paul B. Smith M.D.</i>		22b. ADDRESS <i>2621 S. Jefferson</i>	22c. DATE SIGNED <i>6/7/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>6-8-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS. PETER & PAUL CEMETERY</i>	23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS, MO.</i>
24. FUNERAL DIRECTOR <i>HOWARD H. NICHEL 5830 SOUTHWEST</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 7 1960</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

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

Justus G. Latente

Licensed Embalmer No. 433

P. O. Address St. Louis

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