

DEPARTMENT OF COMMERCE
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8526**
Registrar's No. **2530**

Registration District No. **218** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis.**
(c) Name of hospital or institution:
3731a N. 21st. St.
(d) Length of stay: In hospital or institution.....
In this community **15 Years.**

3. (a) PRINT FULL NAME **Ellen Love**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charles Love** 6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **February 5 1915**

8. AGE: Years Months Days If less than one day
28 1 10 hr. min.

9. Birthplace **Rolla, Missouri.**

10. Usual occupation **Housewife.**

11. Industry or business.....

MOTHER FATHER { 12. Name **Charles Smart.**
13. Birthplace **Illinois.**
14. Maiden name **Mary Fannon.**
15. Birthplace **Missouri.**

16. (a) Informant **Charles Love**
(b) Address **3631a N. 21 St.**

17. (a) **Burial** (b) Date thereof **3-17-43**

(c) Place: burial or cremation **Rolla, Missouri.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **MAR 16 1943** (b) **J. F. [Signature]**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County.....
(c) City or town **St. Louis.**
(d) Street No. **3731a N. 21 St.**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **15**
year **1943** hour **6:30 A.M.** minute..... M.

21. I hereby certify that I attended the deceased from **3/11/43**
to **3/15/43**
that I last saw her alive on **3/13/43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **No.**
(b) Date of occurrence **No.**
(c) Where did injury occur? **No.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No.** (Specify type of place)
(e) Means of injury **No.**
23. Signature **Paul Demetree** (M.D. or other)
Address **3919 W. [Address]** Date signed **3/16/43**

3979 W. Howard / - 3 P.M.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 3223 St. Louis Ave.

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 this body is not embalmed, fact should be so stated above.