No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18154

State File No.

FILED JUN 1 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4732

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Peoples Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 3103 Washington 21 (If rural, give location) 9 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gertrude Love Williams

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cue

6. (c) Age of husband or wife if alive Abt 50 years

7. Birth date of deceased 12 (Month) 22 (Day) 1908 (Year)

8. AGE: Years 39 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Wentzville (City, town, or county) Mo (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name John Love
13. Birthplace Wentzville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Isadora
15. Birthplace Wentzville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Bennie Love
(b) Address 3103 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) MAY 22 1948 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day May year 48 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5/10, 1948 to 5/21, 1948 that I last saw her alive on 5/21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 107

Major findings:
Of operations

Of autopsy

Duration 12 days

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Vaughn C Payne M.D. or other

Address 3146 Lakeside Date signed 5/24/48

VAUGHN C PAYNE

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alding

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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