

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44086**
11386
Registrar's No.

FILED JAN 18 1955
BIRTH NO. **93643-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2059 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL | | d. STREET ADDRESS (If rural, give location) 5 941 Hamilton Av. 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) TRUE LOVE | | 4. DATE OF DEATH (Month) (Day) (Year) 12-6-54 | |
| 5. SEX MALE | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 | 8. DATE OF BIRTH 12-5-54 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. 0 |
| 13a. FATHER'S NAME LYNN NOIAN TRUELOVE | | 13b. MOTHER'S MAIDEN NAME GERALDEAN MCCALL | 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) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS GERALDEAN TRUELOVE - above |

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|---|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Preterm labor | | |
| | | DUE TO (c) Marginal separation-placenta | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Prematurity; Bilateral atelectasis | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 7615 |

22. I hereby certify that I attended the deceased from **Dec 5, 1954** to **Dec 6, 1954**, that I last saw the deceased alive on **Dec 5, 1954**, and that death occurred at **2:10 p.m.**, from the causes and on the date stated above.

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|---|--|---|
| 23a. SIGNATURE D. E. Lyall M.D. (Degree or title) | 23b. ADDRESS 4222 N. Grand | 23c. DATE SIGNED 12-6-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE DEC 31 1954 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board |
| | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |

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| DATE REC'D BY LOCAL REG. DEC 14 1954 | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker Mortuary Service 4104 Winchester Ave., St. Louis 10, Mo. |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.